

<b>Case Number:</b>	CM13-0036626		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	05/28/2013
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 48-year-old female who reported a work-related injury on 05/28/2013, as a result of a fall. The patient subsequently presents for treatment of the following diagnoses, intervertebral disc disorder and lumbosacral radiculopathy. The clinical note dated 09/11/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient reports continued lumbar spine pain with radiculopathy to the bilateral lower extremities with associated numbness, tingling and weakness. The provider documents the patient upon physical exam of the patient's lumbar spine, spasm, tenderness and guarding were noted. Decreased dermatomal sensation with pain was noted over the bilateral L5 dermatomes. The provider documents awaiting authorization for neurodiagnostic studies of the bilateral lower extremities, acupuncture and chiropractic treatment as well as a psychological evaluation. The provider documents the patient had been working on a modified basis; however, the patient reports increase in pain complaints about the lumbar spine. The provider is requesting authorization for a Functional Capacity Evaluation to be performed in order to assess the patient's physical abilities to work and provide the patient with permanent work restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 pg 137-138.

**Decision rationale:** The Physician Reviewer's decision rationale: The current request is not supported. California MTUS/ACOEM indicates there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the work place, an FCE reflects what an individual can do on a single day at a particular time under controlled circumstances that provides an indication of that individual's abilities. As with any behavior, an individual's performance on an FCE is probably influenced by multiple non-medical factors other than physical impairments. The provider is requesting Functional Capacity Evaluation to afford the patient permanent work restrictions. However, this request was rendered 4 months status post the patient's work-related injury sustained to the lumbar spine. The clinical notes fail to document the patient has exhausted lower levels of conservative treatment to support the requested Functional Capacity Evaluation. In addition, given California MTUS Guidelines, the request for prospective Functional Capacity Evaluation is not medically necessary or appropriate.