

<b>Case Number:</b>	CM13-0039549		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 & Rehabilitation has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 had a work injury dated 6/10/13. His diagnoses include right shoulder sprain/strain; cervical spine sprain/strain, lumbar spine sprain/strain; sciatic left; and spasms of muscle. There is a request for a prospective functional capacity evaluation of the lumbar region. An MRI dated 3/17/13 showed a spondylolisthesis at L5-S 1. Patient's treatments have included spinal injections and medication management. There is an evaluation by a neurosurgeon dated 11/4/13. Physical exam by the neurosurgeon on 11/4/13 revealed a positive straight leg rising on the left side with nerve irritation. He has subjective numbness over the left big toe but no weakness. There is no atrophy. There is full strength. Perhaps 4+ in the EHL and tibia is anterior, but this may be pain related. There are no long track signs. Upper extremity neurologic examination is normal. There is a document dated 9/13/13 that states that the patient is not fit for duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for prospective functional capacity evaluation of the lumbar region:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd Edition, Chapter 7 Independent Medical Examinations and Consultations, page 132-139

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for duty, FCE

**Decision rationale:** Prospective Functional Capacity Evaluation of the Lumbar Region is not medically necessary per the ODG and MTUS guidelines. The ACOEM states that in some situations it may be necessary to obtain a more clear delineation of what a patient is capable of than what can be obtained from a physical exam. Furthermore the ODG states that an FCE can be helpful if a worker is actively participating in determining the suitability of a particular job. From documentation submitted there is no clear reason for why the FCE is being ordered, why the patient cannot work, or a treatment plan that involves the worker actively participating in the suitability of a particular job. For these above stated reasons a functional capacity evaluation is not medically necessary.