

<b>Case Number:</b>	CM13-0039553		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	10/12/2012
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 expert 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 injured worker is a 39-year-old female who reported an injury on 10/12/2012. The mechanism of injury was not stated. Current diagnoses include positive disc bulging in the cervical and lumbar spine, and cervical and lumbar strain with radiculopathy. The injured worker was evaluated on 08/12/2013. The injured worker reported ongoing neck and lower back pain with activity limitation and sleep difficulty. Physical examination revealed decreased range of motion of the cervical and lumbar spine with paravertebral tenderness and spasm. Treatment recommendations on that date included a Functional Capacity Evaluation to determine final 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:** Decision based on MTUS ACOEM Page(s): Chapter 7: 132-139.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available, including a Functional Capacity Examination when reassessing function and functional recovery. The Official Disability Guidelines state Functional Capacity Evaluation may be indicated if case management is hampered by complex issues and the timing is appropriate. A Functional Capacity Evaluation should not be completed for the sole purpose to determine a worker's effort or compliance. As per the documentation submitted, there is no documentation of any previous unsuccessful return to work attempts. There is also no indication that this injured worker is close to or at maximum medical improvement. Therefore, the medical necessity for the requested service has not been established. As such, the request is non-certified.