

<b>Case Number:</b>	CM13-0043361		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	04/02/2013
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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, has a subspecialty in Pain Medicine, and is licensed to practice in California and Virginia. 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 patient is a 49 year old female who was injured on 04/02/2013 while the patient was taking out trash on that day and the bag was really heavy. When she picked it up to throw it away, the weight of the trash bag caused the patient to twist suddenly at the waist and then immediately she felt a pop/crack in the back and experience severe pain on the left side of the waist. Prior treatment history has included physical therapy. Her medications included Naproxen 500 mg, Acetaminophen with codeine 300 mg and Carisoprodol 350 mg. Progress note dated 06/12/2013 documented the patient saying the pain is a little better, 6/10, but she admits that she is not getting better because her employer is making her do regular duty. She has to do mopping and sweeping which actually makes the pain worse. Objective findings on examination reveal the patient is alert and oriented times three. Mood and affect are appropriate to situation. Sitting comfortably as I walked into the room. The neck reveals full range of motion without pain or discomfort. On evaluation of the back she has a normal gait. She has a normal heel-toe walk. She has a normal tilt right to left. She has normal flexion and extension. She has normal squat and duck walk. Pedal pulses are intact. Sensation is intact. Capillary refill is immediate. She has a normal gait. Assessment: Lumbosacral spine pain with sacroiliac joint dysfunction. Plan: 1. 2 times a week for 3 weeks. 2. Tylenol with codeine one tablet at bedtime prn. 3. She is returned to modified duty which is no pushing, pulling or lifting more than 20 pounds. No repetitive grasping or pulling with both hands. No twisting, mopping or sweeping. UR report dated 09/20/2013 denied the request for a Functional Capacity Evaluation because it is not supported at this time as the record review does not reveal evidence of a vocational plan of care or specific job descriptions that are available to the patient and require further analysis. Generally, these evaluations are most useful when a specific vocational plan of care has been established.

## 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 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 (pp 132-139).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Chapter 7, Independent Medical Examinations and consultations, FCE, page 511; and Official Disability Guidelines (ODG), Fitness for duty, Functional capacity evaluation (FCE).

**Decision rationale:** As per CA MTUS/ACOEM guidelines, "Functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician." In this case, this patient reports lower back pain and has returned to work modified duty. There is documentation that her employer is making her regular duty, which requires mopping and sweeping that makes her pain worse. However, there is no detailed job description provided that includes the physical tasks that are essential to the employee's job. There is no documentation that the patient is close to maximum medical improvement (MMI) or at MMI, which is required as per the ODG. Also, the physical exam was essentially normal with normal gait, normal heel-to-toe walk, normal tilt, normal ROM, normal squat/duck walk, and normal sensation. Thus, the request for FCE is not medically necessary and appropriate at this time. The request is not medically necessary.