

<b>Case Number:</b>	CM13-0045702		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/16/2013
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 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 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 53-year-old male who reported an injury on 01/16/2013 after the patient reportedly sustained a lumbar strain due to wearing his full standard issued gun belt and protective vest. The patient underwent an MRI of the lumbar spine that revealed multilevel disc bulges. Previous treatments included physical therapy, medications, and epidural steroid injections. The patient's most recent clinical examination revealed tenderness to palpation along the distal lumbar segments with pain with range of motion and a positive straight leg raising test with disturbed sensation in the L5-S1 dermatomes. The patient's diagnosis was lumbar discopathy. The patient's work status was total temporary totally disabled. The patient's treatment plan included continuation of medications and physical therapy with possible additional injections and surgical intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Functional Capacity Evaluation: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation (FCE).

**Decision rationale:** The requested Functional Capacity Evaluation is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends the use of a Functional Capacity Evaluation to obtain a more precise delineation of patient capabilities that is available from a routine physical exam. The clinical documentation does not provide any evidence that a Functional Capacity Evaluation would contribute to the patient's treatment planning. Additionally, Official Disability Guidelines recommend Functional Capacity Evaluations when the patient is at or near maximum medical improvement and has an intention of returning to work. The clinical documentation submitted for review does not provide any evidence that an evaluation of the patient's physical demand level related to the patient's normal job duties would be indicated. There is no documentation that the patient plans to return to work as the patient's work status is temporary and totally disabled. As such, the requested Functional Capacity Evaluation is not medically necessary or appropriate.