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| <b>Case Number:</b>   | CM13-0047809 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 03/05/2013 |
| <b>Decision Date:</b> | 04/25/2014   | <b>UR Denial Date:</b>       | 10/24/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/04/2013 |

### 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 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 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:

This is a 26 year-old male, who was injured on 3/5/13. He was cleaning a walk way at the Sheriff dept. and slipped and fell. He has been diagnosed with a lumbar strain/sprain and sciatica. According to the 10/14/13 report from [REDACTED], the patient presents with 4/10 back pain with radiation to BLE. He was ambulating with a cane. He was instructed to remain off work though 10/31/13. He complains of headaches since he stopped drinking coffee. There is a RFA form dated 10/14/13 requesting a functional capacity evaluation and back brace. [REDACTED] UR denied these on 10/24/13.

### 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 ACOEM Guidelines Chapter 7, pages 137-138

**Decision rationale:** ACOEM Guidelines do not appear to support functional capacity evaluations and state: "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. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions." The functional capacity evaluation does not appear to be in accordance with ACOEM guidelines. The request is therefore not medically necessary and appropriate.

**BACK BRACE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301,308.

**Decision rationale:** The patient presents with persistent back pain 7-months after a slip and fall on 3/5/13. ACOEM Guidelines state, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptoms relief." The patient does not appear to be in the acute phase of care. ACOEM Guidelines do not recommend lumbar supports outside the acute phase, except as an option for prevention if the patient has returned to work. In this case, the patient has not returned to work. The use of a lumbar brace outside the acute phase, and not in an occupational setting, is not in accordance with the ACOEM Guidelines. The request is not medically necessary and appropriate