

<b>Case Number:</b>	CM13-0055000		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/16/2013
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 Interventional Spine 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 patient is a 57 years old female with an injury date of 08/16/13. Based on the progress report dated 12/18/13 provided by [REDACTED], the patient complains of pain in the back rated at 6/10 along with anxiety. Physical examination of the lumbar spine reveals spasm of the lumbar paravertebral muscles. Sitting straight leg raise causes pain bilaterally. Per progress report dated 12/09/13, the patient is experiencing sprains and strains of neck. The 10/31/13 progress report, which actually mentions the request for FCE, indicates pain in the lumbar spine, cervical spine radiculation, and history of depression. The patient underwent physical therapy two times per week for four weeks, as per progress report dated 12/09/13. Progress report from 12/18/13 states that physical therapy, medications and creams are working well. List of medications as per the same report includes: Ibuprofen, Flexeril, and Omeprazole. Creams include Flurbiprofen, Tramadol, Gabapentin, Amitriptylline, and Dexamethorphan. Diagnosis on 12/18/13:- Lumbar Myospasm- Lumbar Sprain/ Strain- [REDACTED] requesting for Functional Capacity Evaluation. The utilization review determination being challenged is dated 11/04/13. The rationale was "no reason given by the provider as to why Functional Capacity Evaluation is medically necessary at this time. Additionally, the records do not show that the provider has not attempted release to modified duty." Treatment reports were provided from 10/31/13 - 12/18/13.

### 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 base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7 Independent Medical Examinations and Consultations, 132-139

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, Chapter 7, page 137

**Decision rationale:** The patient presents with back pain rated at 6/10 along with anxiety and lumbar paravertebral muscle spasms, as per progress report dated 12/18/14. The request is for Functional Capacity Evaluation. The patient's diagnosis from progress report dated 12/18/13 is lumbar myospasm, lumbar sprain/strain, and anxiety. He received 8 sessions of physical therapy, per report dated 12/09/13. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, page 137-139 states that the "examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." In this case, the patient was off work until 01/04/14, as per report dated 11/20/13. However, there is no documentation to establish her current work status. Also, the progress reports do not mention a request from the employer or claims administrator. The treater does not explain why this information is crucial. FCE does not predict a patient's ability to perform in the workplace. The request is not medically necessary.