

<b>Case Number:</b>	CM13-0057702		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/11/2006
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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, has a subspecialty in Pain Management 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 patient with a date of injury of 8/11/06. A utilization review determination dated 10/24/13 recommends non-certification of a functional capacity evaluation. 9/24/13 identifies persistent low back pain and that the patient is still seeing other specialists. On exam, there is paravertebral tenderness and pain with terminal motion. Treatment plan recommends medications and the patient's work status is identified as permanent and stationary. 10/18/13 letter notes that the patient has reached a plateau in treatment and an FCE is requested to aid in determining permanent impairment, permanent work restrictions, and future medical needs.

### 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 Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 12.

**Decision rationale:** Regarding request for functional capacity evaluation, CA MTUS and ACOEM state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that the criteria for the use of

a functional capacity evaluation includes case management hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, and/or injuries that require detailed exploration of a worker's abilities. Within the documentation available for review, there is no indication that case management has been hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, and/or injuries that require detailed exploration of a worker's abilities. In light of the above issues, the currently requested functional capacity evaluation is not medically necessary.