

<b>Case Number:</b>	CM13-0062014		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/26/2008
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 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 injured worker is a 41-year-old male who report an injury on 07/28/2008, secondary to a motor vehicle accident. Current diagnoses include status post work related motor vehicle accident, cervical strain with radicular complaints, thoracic strain, and lumbar strain with radicular complaints. The injured worker was evaluated on 10/28/2013. The injured worker reported severe pain in the cervical spine with radiation to bilateral upper extremities, severe pain in the lower back with radiation to bilateral lower extremities, and activity limitation. Physical examination revealed tenderness to palpation of the cervical and thoracic spine, limited range of motion, tenderness to palpation with myospasm in the lumbar spine, positive straight leg raising bilaterally, and positive Lasegue's testing bilaterally. Treatment recommendations at that time included an MRI of the cervical and lumbar spine, NCV/EMG of bilateral upper and lower extremities, a Functional Capacity Evaluation, and prescriptions for cyclobenzaprine, naproxen, tramadol, and omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **FUNCTIONAL CAPACITY EVALUATION - MULTIPLE BODY PART: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7 Independent Medical Examinations and Consultations, pages 137-138.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The Expert Reviewer's decision rationale: California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available including Functional Capacity Examination when reassessing function and functional recovery. Official Disability Guidelines state a Functional Capacity Evaluation is indicated if case management is hampered by complex issues and the timing is appropriate. As per the documentation submitted, there is no evidence of previous unsuccessful return to work attempts. There is also no indication that this injured worker has reached or is close to maximum medical improvement. The injured worker is currently pending authorization for imaging and electrodiagnostic studies. There is no documentation of a defined return to work goal or job plan. Based on the clinical information received, the request is non-certified.