

<b>Case Number:</b>	CM13-0062508		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	07/15/2013
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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:

The patient is a 53 year old male who was injured on 07/15/2013 when he fell on his buttock while he was working. Prior treatment history has included chiropractic treatment which was not helpful. Diagnostic studies reviewed include an MRI of the lumbar spine in a neutral position dated 11/07/2013 revealing the following: 1) Spondylotic changes. 2) L3-4 a 2-3 mm posterior disc bulge resulting in mid left neural foraminal narrowing. Left exiting nerve root compromise is seen. 3) L4-5 a 1-2 mm posterior disc bulge resulting in moderate bilateral neural foraminal narrowing. Bilateral exiting nerve root compromise is seen. 4) L5-S1 a 2-3 mm disc bulge resulting in moderate to severe bilateral neural foraminal narrowing in conjunction with facet joint hypertrophy. Bilateral exiting nerve root compromise is seen. An MRI of the lumbar spine in flexion and extension dated 11/07/2013 revealed stable disc pathology L3-S1. A progress note dated 11/25/2013 documented the patient was examined for a preoperative clearance for a first diagnostic lumbar epidural steroid injection. He had complaints of pain to the low back and right leg. He states he has constant pain in his lower back traveling to his right leg. He rates his pain as 8/10. Objective findings on examination of the spine reveal tenderness and decreased range of motion at the lumbosacral spine. Diagnoses include Displacement of lumbar intervertebral disc without myelopathy; Thoracic or lumbosacral neuritis or radiculitis unspecified; Spinal stenosis of unspecified region; Lumbar facet joint hypertrophy; Unspecified essential hypertension; Insomnia, unspecified. A UR report dated 11/26/2013 denied a request for a Functional Capacity Evaluation.

### 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 ODG TWC Fitness for Duty Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) and the Official Disability Guidelines (ODG).

**Decision rationale:** As per the ACOEM Guidelines, Functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. As per the ODG, Functional capacity evaluation (FCE) is recommended prior to admission to a Work Hardening (WH) Program. The guidelines state criteria for admission to Work Hardening Program; "(5) Previous PT: There is evidence of treatment with an adequate trial of active physical rehabilitation with improvement followed by plateau, with evidence of no likely benefit from continuation of this previous treatment. Passive physical medicine modalities are not indicated for use in any of these approaches. (6) Rule out surgery: The patient is not a candidate for whom surgery, injections, or other treatments would clearly be warranted to improve function (including further diagnostic evaluation in anticipation of surgery)". The medical records document that the patient has received chiropractic treatment, but there are not enough details to confirm the absolute failure of physical medicine to control the patient's pain. Moreover, the records do not address the inability for surgical intervention to be considered. According to these reasons, the patient is not a candidate for WH program, and therefore the medical necessity of the Functional capacity evaluation has not been established.