

<b>Case Number:</b>	CM13-0062770		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/01/2012
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Occupational Medicine 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 applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 1, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; and reported return to regular duty work. In a Utilization Review Report of December 2, 2013, the claims administrator denied a request for functional capacity evaluation, citing a variety of non-MTUS Guidelines, including ODG Guidelines and non-MTUS Chapter 7 ACOEM Guidelines, although the MTUS does address the topic at hand. A January 31, 2014 progress note was notable for comments that the applicant was working regular duty despite having flares of low back and hip pain. An earlier note of June 12, 2013 was again notable for comments that the applicant was regular duty at that point in time. He is asked to continue working full duty.

### 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional Capacity Evaluations

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21, Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125.

**Decision rationale:** While page 125 of the MTUS Chronic Pain Medical Treatment Guidelines does support functional capacity testing as a precursor to enrolment in a work hardening or work conditioning course, in this case, however, the applicant has already returned to regular work. There is no evidence or indication that the applicant is intent on enrolling in a work hardening or work conditioning course. While the MTUS-adopted ACOEM Guidelines in Chapter 2, page 21 suggests that a functional capacity evaluation could be considered when necessary to translate medical impairment into functional limitations and determine work capability, again, in this case, the applicant has already successfully returned to regular duty work. It is not, consequently, necessary to order functional capacity evaluation to try and quantify the applicant's limitations. Therefore, the request for a functional capacity evaluation is not medically necessary.