

<b>Case Number:</b>	CM13-0070338		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/20/2010
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 43-year-old male who reported an injury on 11/20/2010. The mechanism of injury involved a fall. The patient is diagnosed with lumbar disc herniation, bilateral L5 pars fracture, disc herniation of the cervical spine, cervical stenosis, and cervical myelopathy. The patient was seen by [REDACTED] on 10/12/2013. The patient reported 7/10 low back with radiation and numbness to the right lower extremity. The patient also reported activity limitation and difficulty sleeping. It is noted that the patient has not worked since 12/2011. Physical examination on that date revealed a mildly antalgic gait, tenderness at the L5 region, and diminished cervical and lumbar range of motion, diminished sensation to light touch and pinprick in the right C6 through C8 dermatomes, intact sensation in bilateral lower extremities, diminished strength, and positive straight leg raising. The treatment recommendations at that time included 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 Official Disability Guidelines, Fitness for Duty.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation.

**Decision rationale:** The 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 should be considered if case management is hampered by complex issues and the timing is appropriate. A functional capacity evaluation should not be completed for the sole purpose to determine a workers effort or compliance. The patient does not appear to meet criteria as outlined above by Official Disability Guidelines for a functional capacity evaluation. There is no evidence of previous unsuccessful return to work attempts. 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.