

<b>Case Number:</b>	CM14-0006339		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	12/18/2010
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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 injured worker is a 31 year old male who reported an injury on 12/18/2010. The injury was reportedly the result of falling off a truck while working. The MRI report dated 12/07/2013 reported disc desiccation from C2-C3 to C6-C7, broad based posterior disc herniation which causes stenosis of the spinal canal at C3-C4, C4-C5, and C5-C6, however, the neural foraminae are patent and the existing nerve roots are normal. Per a pain consultation report dated 01/15/2014 the injured worker reported intermittent pain to the neck, cervical spine, and lumbar spine with pain rated at 5-8/10, the injured worker reported using pain medications and the pain ratings given were with medication. The injured worker reported the use of physiotherapy, hot/cold therapy, and an inferential unit for pain control along with the medications. On physical exam the injured worker was noted to have normal range of motion to bilateral shoulders but decreased range of motion to the cervical spine. Flexion was 40 degree, extension was 35 degrees, rotation was 60 degrees bilaterally, and tilt was 35 degrees bilaterally. There was tenderness, guarding, and muscle spasms at C5-C6 and C6-C7. Spurlings test and foraminal compression tests were positive bilaterally. The diagnoses reported for the injured worker included cervicalgia, cervical radiculopathy, spinal stenosis in cervical region, myalgia, and disc herniation in the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A 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 (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness For Duty Chapter, Functional Capacity Evaluation Section.

**Decision rationale:** Per the Official Disability Guidelines the functional capacity evaluation is not recommend for routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job. It is generally recommended prior to admission to [REDACTED], with preference for assessments tailored to a specific task or job. Per current guidelines an FCE should be considered if case management is hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, or for injuries that require detailed exploration of a worker's abilities. The FCE is appropriate if the injured worker is close or at MMI and all key medical reports are secured. An FCE is not recommended if the sole purpose is to determine a worker's effort or compliance, or the worker has returned to work and an ergonomic assessment has not been arranged. There is a lack of documentation regarding the need for this evaluation. There is no objective clinical documentation stating the injured worker is at or near MMI or that the injured worker is being considered for a work hardening program. Therefore, the request for a functional capacity evaluation is not medically necessary or appropriate.