

<b>Case Number:</b>	CM14-0007646		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	12/10/2008
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 patient is a 57-year-old female who has submitted a claim for lumbosacral degenerative disc disease associated with an industrial injury date of December 10, 2008. The patient complains of low back pain rated 6-7/10 accompanied by bilateral lower extremity complaints, right greater than the left. Physical examination showed an antalgic gait and limitation of motion of the lumbar spine. Neurovascular examination of the bilateral lower extremities was intact. A functional capacity evaluation done on July 11, 2013 noted that the patient did not appear to meet the essential demands of his job. The working diagnoses include status post lumbar fusion; severe degenerative disc disease at L5-S1 with severe foraminal stenosis; ongoing general orthopedic complaints; multilevel lumbar facet arthropathy; and multilevel lumbar neural foraminal narrowing, severe with contact of the exiting L5 nerve root. The treatment plan includes another request for a functional capacity evaluation of the lumbar spine. The treatment to date has included oral and topical analgesics, home exercise program, physical therapy and lumbar spine surgery. Utilization review from December 18, 2013 denied the request for functional capacity evaluation of the lumbar spine because there was no documentation of failed return to work attempts and failed conservative treatment options.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FUNCTIONAL CAPACITY EVALUATION OF LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC, 18th Edition, Functional Capacity Evaluation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Page 132-139.

**Decision rationale:** According to pages 132-139 of the ACOEM Guidelines, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. Though FCEs are widely used and promoted, it is important for physicians to understand the limitations and pitfalls of these evaluations. FCEs may establish physical abilities and facilitate the return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to the requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. In this case, there was no discussion regarding the indication for an FCE. Furthermore, there was no discussion regarding return-to-work plans. There is no clear rationale for the requested service. Therefore, the request for functional capacity evaluation is not medically necessary.