

<b>Case Number:</b>	CM14-0009420		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	08/06/2012
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 56 y/o male DOI 8/6/12. He has developed chronic low back pain and at times complaints of widespread musculoskeletal discomfort including both upper and lower extremities in addition to pan spinal discomfort. MRI studies of the lumbar spine reveal mild-moderate degenerative changes. No stenosis is noted. Electrodiagnostics of the left lower extremity was negative for changes. A functional capacity evaluation is requested. There is no record of communications with the employer or any specific job task that would be open to the patient based on the 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 FOR THE LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: WORK CONDITIONING , , 125

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) 2ND EDITION (2004), PREVENTION, 3-5

**Decision rationale:** The reasons supporting the medical necessity of a functional capacity evaluation(FCE's) are not evident. This testing is recommended when there are specific work oppertunities that are available and the evaluation is to see if this is a realistic match. There are no documented communications with the employer in this regards. The requesting physician does not document any specific tasks that the FCE is to be matched to. Request is not medically necessary.