

<b>Case Number:</b>	CM14-0102819		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/18/2013
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Pain Management 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:

This is a 34 year old male who reported a work related injury on May 18, 2013 while moving a dumpster. The injured worker complained of low back pain with radiation to the right buttocks. Diagnosis was a lumbar strain. A treating physicians' documentaion dated June 12, 2013 notes that initial treatment included x-rays, MRI, electrodiagnostic testing, muscle relaxants, pain medication and physical therapy. The injured worker continued to work with restrictions. Physical examination revealed intermittant throbbing pain in the low back that radiated down the right leg to the thigh. The pain increased with prolonged sitting and standing and with bending. An MRI done on January 28, 2014 revealed disc protrusions at L4-5, L2-3, and L5-S1. Diagnoses included low back pain with radicular symptoms to the right lower extreity and lumbosacral protrusions. A treating physician's evaluation dated April 1, 2014 notes that the injured worker continued to have constant pain in the lumbosacral spine with radiation down the right lower extremity to the ankle. The injured worker had also received a home electrical stimulation unit, attended twelve physical therapy sessions, eighteen chiropractic sessions and six acupuncture sessions with a noted benefit. The injured worker also had Functional Capacity Evaluations performed on October 2, 2013 and November 11, 2013. Current complaints noted on a physicians progress note dated April 4, 2014 include low back pain and numbness that radiates to the right lower eltreimity. The pain was described as constant and numbing with an intensity of of 2-4 on a scale of 1-10. The pain intensified with daily activities and sleep. There was also noted decreased sensation to light touch to the right lumbar four and lumbar five areas and weakness in the quadriceps muscle on the right side. On June 12, 2014 the treating physician requested a final Functional Capacity Evaluation. Utilization Review evaluated and denied the the request for a final Functional Capacity Evaluation on June 10, 2014. Utilization Review denied the request due to the documentation provided did not describe whether the

injured worker is musculoskeletal capable to perform specific job duties, nor is there documentation of failure of return to work attempts to support medical necessity of a Functional Capacity Evaluation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Final Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**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, Independent Medical Examinations and Consultations, page(s) 137-138

**Decision rationale:** The patient has also had previous Functional Capacity Evaluations performed on 10/2/13 and 11/11/13 without contributing benefit to the patient's care or recovery process. The patient has received a significant amount of conservative treatments without sustained long-term benefit. The patient continues to treat for ongoing significant symptoms with further plan for treatment, remaining functionally disabled without significant improvement from this chronic injury of 2013. Diagnoses include lumbar strain/ low back pain with radicular symptoms to the right lower extremity and lumbosacral protrusions. It appears the patient has not reached maximal medical improvement and continues to exhibit chronic pain symptoms s/p conservative care of therapy, medications, chiropractic treatment, acupuncture, and modified activities/rest. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat and is disabled. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. The Final Functional Capacity Evaluation is not medically necessary and appropriate.