

<b>Case Number:</b>	CM14-0106263		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/04/1999
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Anesthesiologist Pain Medicine and is licensed to practice in Florida. 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 59-year-old female who reported an injury on 11/04/1999 due to lifting and falling backwards. The injured worker's diagnoses were cervicothoracic strain and sprain (chronic), shoulder strain (bilateral), wrist strain (bilateral), lumbosacral strain and sprain (chronic). The injured worker's prior treatments were physical therapy, acupuncture, and medications. The injured worker's past diagnostics include x-ray of the cervical spine that revealed an anterior traction spur at C5, and an MRI of the cervical spine. The injured worker complained of constant pain in her neck which radiated to her head, shoulders, arm, and entire back. She also complained of pain to her lower back radiating down to both legs with numbness and cramping sensation in both legs, primarily on the right. She also felt pins and needles sensation to the bottom of both feet. The injured worker's medications were Naprosyn and Tylenol No. 3. The injured worker's treatment plan is for Functional Capacity Evaluation and follow-up x-rays of the cervical spine and the lumbar spine. The request for rationale was not submitted with documentation. The request for authorization form was not provided with documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Functional Capacity Evaluation of the cervical:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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 (, Functional capacity evaluation.

**Decision rationale:** The request for Outpatient Functional Capacity Evaluation of the cervical is non-certified. The injured worker complained of constant pain in her neck which radiates to her head, shoulders, arm and entire back. She also complains of pain to her low back radiating down to the legs with numbness and cramping sensation in both legs. According to California MTUS/ACEOM, the first step in managing delayed recovery is to document the patient's current state of functional ability (including activities of daily living) and the recovery trajectory to date as a time line. As a starting point for the assessment, obtain a complete history from the patient and other objective observers, including the employer or onsite occupational health professional, with regard to abilities and effectiveness at work. Goals for functional recovery can then be framed with reference to this baseline. FCE is an acceptable tool for assessing for delayed recovery. Official Disability Guidelines recommend consideration for an FCE if case management is hampered by complex issues such as: prior unsuccessful return To work attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities, timing is appropriate: close or at MMI/all key medical reports secured, and additional/secondary conditions clarified. Do not proceed with an FCE If it is 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 was no clinical documentation of a failed try to return to work or functional deficits. In addition, there was no mention of the injured worker being recommended for a functional restoration program. As such, the request for Functional Capacity Evaluation is not medically necessary.