

<b>Case Number:</b>	CM14-0015383		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	11/12/2013
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 54-year-old male with an injury date of 11/12/2013. Based on the 01/07/2014 progress report, the patient complains of continuous pain in his lower back on the left side which radiates down to his left leg, left thigh pain, and pain in the groin area. The pain increases with prolonged standing, twisting, walking, lifting, bending, stooping, squatting, and lying down on the back. The pain also comes with numbness, weakness, tingling, and a burning sensation to the left leg and the foot level. Patient rates his pain as being a 10/10 as the maximum and a 1/10 on the minimum. Upon inspection of the lumbosacral spine, the patient has moderate lordosis and ambulates with an antalgic gait. The patient has numbness and weakness during examination with pain radiating to his left leg. Examination reveals moderate pain with palpation of paraspinal muscles, and there is moderate spasm noted of the paraspinal muscles as well. The patient has a decreased range of motion of the lumbar spine. The patient also has a straight leg raising test which was positive currently on the right. He also had a positive femoral stretch test. In regards to his hips, the patient has a limited range of motion which elicits pain and positive tenderness to palpation of the left groin. The 01/17/2014 MRI of the lumbar spine revealed the following: 1) Dextroscoliosis.2) Diffuse spondylotic changes.3) L2-L3: A 2-mm posterior disk bulge resulting in moderate to severe left and mild right neuroforaminal narrowing in conjunction with facet joint hypertrophy. Mild canal stenosis is seen. Bilateral exiting nerve root compromise is seen.4) L3-L4: A 3-mm posterior disk bulge resulting in mild right and moderate to severe left neuroforaminal narrowing in conjunction with facet joint hypertrophy. Mild canal stenosis is seen. Bilateral existing nerve root compromise is seen.5) L4-L5: Posterior annular tear is seen within the intervertebral disk. A 4-mm posterior disk bulge resulting in moderate to severe right and left neuroforaminal narrowing in conjunction with facet

joint hypertrophy. Mild canal stenosis is seen. Bilateral existing nerve root compromise is seen.6) L5-S1: A 2- to 3-mm posterior disk bulge resulting in moderate to severe bilateral neuroforaminal narrowing, right greater than left, in conjunction with facet joint hypertrophy. Mild canal stenosis is seen. Bilateral existing nerve root compromise is seen. The patient's diagnoses include the following: Left hip osteoarthritis. Disk herniation of the lumbar spine. The utilization review determination being challenged is dated 01/29/2014. Treatment reports were provided from 12/12/2013 - 07/29/2014.

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

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

#### **OUTPATIENT FUNCTIONAL CAPACITY EVALUATION (FCE) TO LUMBAR, LEFT HIP: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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) ACOEM guidelines, Chapter 7, p137-139.

**Decision rationale:** Based on the 01/07/2014 progress report, the patient presents with pain in his lower back which radiates to his left leg, pain in his left thigh, and pain in his groin area. The request is for outpatient functional capacity evaluation (FCE) to lumbar hip. Review of the reports does not provide any discussion as to why the treater is requesting for an FCE. MTUS does not discuss functional capacity evaluations. "ACOEM impairment results and functional limitations...The employer or claimant administrator may request functional ability evaluations... maybe ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little, scientific evidence confirming that FCEs predict and individual's actual capacity to perform in the workplace." The 01/07/201 progress report indicates that "The patient is currently working for his pre-injury employer. The patient was place on temporary total disability." The treater does not discuss if the patient has any work restrictions and does not discuss why an FCE is being requested for. ACOEM supports FCE if asked by the administrator, employer, or if it is deemed crucial. Per ACOEM, there is lack of evidence that FCEs predict a patient's actual capacity. The request is not medically necessary.