

<b>Case Number:</b>	CM14-0114468		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/25/2011
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Pain Management 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 56-year-old female with an injury date of 08/25/2011. Based on the 05/22/2014 progress report, the patient complains of recurring headaches with ringing in her ears and dizziness. She also has intermittent neck pain, bilateral shoulder pain, and midback pain. Her neck pain increases when she moves her head from side to side, flexes, and extends the head and neck. Her neck pain ranges from a 5-10/10. In regards to her shoulders, pain increases with rotation, reaching over head, lifting, carrying, pushing, and pulling. Her shoulder pain ranges from a 4-5/10 to a 1/10. The patient's midback pain is accompanied with numbness, weakness, tingling, and burning sensation. The pain can vary from a 6/10 to a 1/10. Upon examination of the thoracic spine, the patient has tenderness to palpation when she suffered a compression fracture at T4. The patient's diagnoses include the following: 1. Cephalalgia. 2. Pain in thoracic spine. The utilization review determination being challenged is dated 06/24/2014. There were 2 treatment reports provided from 05/22/2014 and 06/27/2014.

### 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 cervical, thoracic and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75-92. Decision based on Non-MTUS Citation Official Disability Guidelines, fitness for duty, guidelines for performing FCE

**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 has the following regarding functional capacity evaluations

**Decision rationale:** According to the 05/22/2014 progress report, the patient complains of having ringing in the ears, dizziness, intermittent neck pain, bilateral shoulder pain, and pain in the midback. The request is for a functional capacity evaluation for the cervical, thoracic, and lumbar spine. The patient is currently working 8 hours per day, 5 days per week plus overtime, and her duties include applying makeup to actors in the studio and on location. "Physically, the patient was required to be standing, walking, walking on uneven ground, sitting, bending neck and back, lifting, carrying, squatting, twisting neck and back, reaching, repetitive use of hands, simple grasping and gripping and finemanipulation." The 05/22/2014 report states "the patient is able to return to her full duty with no restrictions per patient's request. MTUS does not discuss functional capacity evaluations. "ACOEM impairment results and functional limitations... The employer or claim administrator may request functional ability evaluations... Maybe or by the treater or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states "there is little scientific evidence confirming that FCE predict an individual's actual capacity to perform in the workplace." It appears that the patient is currently working with no restrictions. It is not known why the treater is asking for FCE. 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 the patient's actual capacity to work. The request for Functional Capacity Evaluation is not medically necessary.