

<b>Case Number:</b>	CM14-0135461		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	07/09/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Anesthesiology, 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 32-year-old male who reported an injury on 07/09/2012 while stripping and waxing floors, he bent over to clean out the wax out of a bottom of the machine and felt a sharp, shooting pain in his low back. The injured worker could no longer stand up from his bending position and his coworkers then helped him up. Diagnoses were lumbar spine spasm, no radiculopathy, lumbago (no improvement), and lumbar spine disc protrusion. Past treatments were chiropractic sessions, acupuncture, physical therapy, and injections. Diagnostic studies were not reported or submitted. Past surgical history was surgery on a foot. Physical examination on 05/06/2014 revealed no improvement in low back pain. It was reported that the injured worker was working 7 days a week and long days, taking Vicodin every 4 hours. Medications were Vicodin. Treatment plan was not reported. The note is handwritten and very illegible. The rationale and Request for Authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Functional Capacity Evaluation

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation

**Decision rationale:** The decision for Functional Capacity Evaluation is not medically necessary. ACOEM guidelines indicate there is a functional assessment tool available and that is a Functional Capacity Evaluation; however, it does not address the criteria. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that a Functional Capacity Evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the patient had an injury that required a detailed exploration of a worker's abilities, a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. However, the evaluation should not be performed if the main 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. The progress notes submitted for the injured worker were handwritten and illegible. Pertinent information may have been missed. Imaging studies were not reported or submitted. The rationale for the request was not submitted. Therefore, the request is not medically necessary.