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| <b>Case Number:</b>   | CM14-0145448 |                              |            |
| <b>Date Assigned:</b> | 09/12/2014   | <b>Date of Injury:</b>       | 01/06/2014 |
| <b>Decision Date:</b> | 12/31/2014   | <b>UR Denial Date:</b>       | 08/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/08/2014 |

### 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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 30-year-old gentleman with a date of injury of 01/06/2014. A report dated 02/21/2014 identified the mechanism of injury as lifting heavy boxes causing lower back pain. The most recent submitted treating physician note dated 06/10/2014 indicated the worker was experiencing lower back pain that went into the left leg. Documented examination described lower back tenderness and spasm, decreased motion in the lower back joints, decreased sensation in part of the left thigh and knee, and positive testing involving raising the straightened leg on each side. The submitted and reviewed documentation concluded the worker was suffering from lumbar disk disease with radiculopathy. Treatment recommendations included oral and topical pain medications, modified activity, physical therapy with associated non-pharmaceutical therapies, chiropractic care, consultation with orthopedic and pain management specialists, Electromyogram (EMG) and Nerve Conduction Velocity (NCV) testing of both legs, follow up care, and functional capacity evaluations at baseline and repeated every six to eight weeks for monitoring improvement. A Utilization Review decision was rendered on 08/13/2014 recommending non-certification for a physical performance functional capacity evaluation of the lumbar region.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Performance functional Capacity Evaluation Lumbar: 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 Evaluations (FCEs)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 21-22; 80-83.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines support the use of a functional capacity evaluation (FCE) if it is necessary to translate a medical problem into functional limits and/or to determine a worker's capacity to perform work duties. This more precise and detailed assessment is not needed in every case. The submitted and reviewed documentation concluded the worker was suffering from lumbar disk disease with radiculopathy. Treatment recommendations included the use of functional capacity evaluations before new treatment was started and then every six to eight weeks in order to monitor the worker's improvement. There was no discussion suggesting why more routine methods of monitoring were insufficient. In the absence of such evidence, the current request for a physical performance functional capacity evaluation of the lumbar region is not medically necessary.