

<b>Case Number:</b>	CM14-0154627		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	02/04/2014
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 41-year-old with a reported date of injury of 02/04/2014. The patient has the diagnoses of compression fracture at T11, contusion of the lumbar spine, low back pain, radiculitis and neuropathic pain. Per the progress notes submitted for review by the treating physician dated 08/04/2014, the patient had complaints of unchanged pain rated a 7/10 and characterized as intermittent. The physical exam noted tenderness in the paralumbar muscles with spasms, decreased range of motion and positive straight leg test on the right. Treatment plan recommendations included request for kyphoplasty for the compression fracture, functional capacity assessment to determine an accurate impairment rating and continuation of pain medications. A pain management evaluation dated 08/06/2014 recommended acupuncture and psychology referral.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Assessment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) functional capacity evaluation

**Decision rationale:** The California MTUS and the ACOEM do not specifically address functional capacity evaluations. Per the ODG, "functional capacity evaluations (FCE) are recommended prior to admission to work hardening programs, with preference for assessments tailored to a specific job. Not recommended as a routine use as part of occupational rehab or screening or generic assessments in which the question is whether someone can do any type of job. Consider functional capacity evaluation, 1. Case management is hampered by complex issues such as: a. Prior unsuccessful RTW attempts, b. Conflicting medical reporting on precaution and/or fitness for modified jobs, c. Injuries that require detailed exploration of the worker's abilities; 2. Timing is appropriate, a. Close or at MMI/all key medical reports secured, b. Additional/secondary conditions clarified." Per the progress reports the FCE was ordered due to limited range of motion in the lumbar spine with diminished sensation. The goal was to see if the patient can return to work. This does not meet the criteria for an FCE per the ODG as outlined above. Therefore the request is not medically necessary.