

<b>Case Number:</b>	CM14-0155390		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	06/06/2013
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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, and is licensed to practice in New York . 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 claimant is a 56 yo male who sustained an industrial injury on 06/06/2013. The mechanism of injury was not provided for review. His diagnoses include cervicalgia, lumbar disc disease with radiculopathy, lumbar facet arthropathy, and lumbar spinal stenosis. He continues to complain of low back pain with decreased range of motion of the lumbar spine. Treatment has included medical therapy including opiate analgesics, physical therapy, and epidural steroid injection therapy. The treating provider has requested a functional Capacity Evaluation for the low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Eval for the low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluations/Functional Improvement Measures. Decision based on Non-MTUS Citation Official Disability Guidelines - online version - Fitness for Duty/ Low Back Chapter - Functional Capacity Evaluations

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS Guideliens 2009 Functional Capacity Evaluation ( FCE) Page(s): 125-126.

**Decision rationale:** There is no documentation provided necessitating a FCE. There is no documentation of any specific objective findings suggesting range of motion of the low back, current function or dysfunction. A FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis. There was no documentation of the nature and extent of the skilled physical therapy services and there was no objective assessment of functional abilities as would ordinarily have been available through the performance of therapeutic exercise and therapeutic activities during physical therapy. The current clinical records submitted provide limited objective clinical data and there is no rationale provided as to the purpose of a comprehensive functional capacity evaluation. The worker is only reported to have high perceived pain levels and limited range of motion. There is no diagnostic data presented and the alleged lumbar radiculitis is not otherwise substantiated. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the work place, an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances that provide an indication of that individual's abilities. It is medically reasonable to first determine work restrictions and limitations based on clinical examination. Medical necessity for the requested service has not been determined. The requested service is not medically necessary.