

<b>Case Number:</b>	CM14-0027245		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	10/19/2010
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Neurological Surgery 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 injured worker is a 61-year-old female who was reportedly injured on October 19, 2010. The mechanism of injury was noted as a twisting injury after lifting a lead apron, resulting in low back pain and bilateral leg numbness. The most recent progress note, dated February 20, 2014, revealed neck pain, shoulder pain and some symptoms in the upper arm. The complaints of tingling below the elbow were primarily in the ring and small fingers on the right side. The injured employee complained of right sided thoracic pain with no radiation. The physical examination demonstrated the patient to be 5 feet 5 inches tall and weighed 148 pounds. The physical examination revealed motor strength 5/5. Sensation is decreased to pinprick on the right at C5-C6 dermatomal distribution. There is a positive Tinel's on the right cubital tunnel, on the right wrist. She has a positive Phalen's on the right wrist going towards her left elbow at about 30 seconds, and there is tenderness where her hardware is located. Right sided thoracic tenderness is noted. Diagnostic imaging studies from October 2012 demonstrated 360 fusion with instrumentation from T11 to the sacrum. X-rays of the cervical spine revealed multilevel degenerative disc disease with facet arthritis most significant at C5-C6, C6-C7 and C7-T1. X-rays of the thoracic spine in the August 8, 2011 report revealed spinal deformity with mild to moderate levoscoliosis. A previous cervical MRI was noted on October 3, 2013. Previous treatments included surgery, physical therapy, psychological testing and oral medication. A request had been made for functional capacity evaluation and was not certified in the pre-authorization process on February 21, 2014.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluations (FCEs).

**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), Chapter 7: Independent Medical Examinations and Consultations - Referral Issues and the IME Process - (electronically sited).

**Decision rationale:** Based on the mechanism of injury, date of injury and current regimen, a functional capacity evaluation is not warranted. According to the progress report, the patient is making gains in surgical recovery, symptomatic with the neck and hands. A function capacity evaluation should be considered when necessary to translate medical impairment into functional limitations and determine work capacity. It is unclear if this patient is a suitable candidate to return to work as documented in the chart, when "both to be determined" and "return to modified duty" are marked in the chart. There is no documentation of any attempts to return to work. Based on the clinical information provided, the request is not medically necessary for continued medical management.