

<b>Case Number:</b>	CM14-0027481		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	06/16/2012
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	02/25/2014
<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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 patient is a 58-year-old with date of injury of June 13, 2012. The listed diagnoses per [REDACTED] dated February 12, 2014 are status-post L4 to S1 posterior lumbar interbody fusion, and retained symptomatic lumbar spine hardware. According to this report, the patient still has some residual symptomatology in the lumbar spine related to the retained symptomatic lumbar spine hardware. She is awaiting surgical authorization. The physical examination of the lumbar spine is unchanged. There is tenderness at the lumbar paravertebral muscles. There is pain with terminal motion. Neurovascular status remains intact. The utilization review denied the request on February 25, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **A Functional Capacity Evaluation (FCE): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, FITNESS FOR DUTY (UPDATED 11/12/13).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines has the following regarding functional capacity evaluations: Ch:7(p137,139).

**Decision rationale:** This patient presents with lumbar spine pain. The treater is requesting a functional capacity evaluation. The Independent Medical Examinations and Consultations Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. 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. In addition, an individual's performance on FCE is probably influenced by multiple nonmedical factors other than physical impairments. For this reason, it is problematic to rely solely upon the FCE results for determination of current work capabilities and restrictions. In this case, the ACOEM Guidelines do not support the routine use of FCEs. Furthermore, the treater does not provide a rationale for the request and return to work discussions or current work limitations. The request for an FCE is not medically necessary or appropriate.