

<b>Case Number:</b>	CM14-0031923		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/15/2013
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 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 29-year-old male who reported an injury on 02/15/2013 due to an unknown mechanism of injury. The injured worker complained of low back pain rated 6/10. He experienced left lower extremity numbness, tingling, and weakness. On 12/04/2013, the physical examination revealed painful decreased lumbar range of motion. He had tenderness to palpation at the lumbar paraspinals. He also had a positive straight leg raise. There were no diagnostic studies submitted for review. The injured worker had a diagnosis of lumbar strain/sprain, and lumbar radiculopathy. There was no indication of past treatment methods. The injured worker was on the following medications, tramadol, and ibuprofen. The current treatment plan is for 1 functional capacity evaluation. The rationale was not submitted for review. The request for authorization form was dated 12/04/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Functional Capacity Evaluation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty Chapter, Functional capacity evaluation (FCE).

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

**Decision rationale:** The request for a FCE is not medically necessary. The injured worker has a history of constant low back pain. The ODG state that a FCE is recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend 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 generally. The injured worker was terminated from his employment on 10/31/2013. There is no documentation that would indicate he was about to enter a work hardening program. In addition, there was no rationale submitted for this request. Given the above, the request for a FCE is not medically necessary.