

<b>Case Number:</b>	CM14-0035402		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	08/06/2001
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 51-year-old male with a reported injury on 08/06/2001. The mechanism of injury was not provided. The injured worker had an examination on 02/27/2014, with complaints of continued low back pain. The examination revealed that the degenerative changes in the most recent MRI suggested that the clinical findings will need to be further evaluated. The MRI suggested that the paracentral component existing in the L5 nerve root has in fact become worse. There was no previous physical therapy documentation provided, nor was there a medication list and efficacy provided. The diagnoses included degenerative joint disease, herniation of the low back, and stenosis. The injured worker did not wish to have epidural steroid injections. The recommendation of treatment was for pain management to control the symptoms; also to have a neurosurgical consultation for a functional capacity evaluation to quantify how the injured worker is progressing; and also to enforce strengthening and stabilization of the degenerative changes in the low back. The request for authorization was signed and dated on 02/27/2014. The rationale was not given.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **FUNCTIONAL CAPACITY EVALUATION. NEURO CONSULT/EVALUATION:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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 Official Disability Guidelines recommend that the functional capacity evaluation is done prior to unsuccessful return to work attempts. There is no record of evidence of unsuccessful return to work attempts. The guidelines also suggest that the evaluation be done if conflicting medical reporting on precautions and/or fitness for the modified job, and there are no such reports. The guidelines also state that little is known about the reliability and the validity of these tests and more research is needed. Therefore, the request for a functional capacity evaluation is non-certified.