

<b>Case Number:</b>	CM14-0040729		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	04/04/2013
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 37-year-old female was reportedly injured on April 4, 2013. The mechanism of injury is not listed in the records reviewed. The most recent progress note dated February 24, 2014, indicates that there are ongoing complaints of low back pain radiating to the bilateral lower extremities as well as elbow pain, hand pain, and mid back pain. Pain was stated to be 9/10 without medications and 7/10 with medications. The physical examination demonstrated tenderness over the paraspinal muscles of the thoracic and lumbar spine there was decreased thoracic and lumbar spine range of motion. Examination of the right elbow and hand noted tenderness although it is not stated exactly where. Diagnostic imaging studies reported straightening of the normal lumbar lordosis of the lumbar spine which may be due to muscle spasm. Previous treatment includes trigger point injections and a Toradol injection a request was made for a functional capacity evaluation and was not certified in the pre-authorization process on March 12, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Functional Improvement Measures, Updated July 3, 2014.

**Decision rationale:** The previous utilization management review did not certify the request for a functional capacity evaluation stating that there was insufficient clinical information. However according to the Official Disability Guidelines functional improvement measures are a primary measure of treatment success and should be used over the course of treatment to demonstrate progress in return to functionality and to justify further use of ongoing treatment methods. Considering this, the request for a functional capacity evaluation is medically necessary.