

<b>Case Number:</b>	CM14-0040823		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	02/21/2012
<b>Decision Date:</b>	07/23/2014	<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, 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 34 year-old female with a 2/21/2012 date of injury. According to the 2/27/14 physiatry report from [REDACTED], the patient presents with continued low back pain and left knee pain, and has been diagnosed with low back pain with LLE radiculitis; left sacroiliitis, s/p knee surgery with residuals. There were also issues with GI, stress, anxiety and depression. The handwritten report states the patient needs a new lumbar support, and that Ultram helps, but is not strong enough, so will change to Ultram ER, Norco caused stomach upset and will be discontinued. The patient is working modified duty. On 3/12/14, UR denied a lumbar spine support and a functional capacity evaluation and modified the request for Tramadol ER 150mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional capacity evaluation.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional capacity evaluation Page(s): 125.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the Citation: ACOEM chapter 7, pg 137-138.

**Decision rationale:** The patient is a 34 year-old female with a 2/21/2012 date of injury. According to the 2/27/14 physiatry report from [REDACTED] lowe, the patient presents with continued low back pain and left knee pain, and has been diagnosed with low back pain with LLE radiculitis; left sacroiliitis, s/p knee surgery with residuals. The IMR request is for a functional capacity evaluation. MTUS Chronic Pain guidelines do not discuss functional capacity evaluations. Chapter 7 of the ACOEM guidelines was reviewed. ACOEM does not appear to support the functional capacity evaluations and states: "Functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician. 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. As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions." The functional capacity evaluation does not appear to be in accordance with ACOEM guidelines. Recommend not medical necessary.