

<b>Case Number:</b>	CM14-0041029		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	07/26/2010
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Interventional Spine 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 41-year old male with an injury date of 07/26/10. All treatment reports provided are handwritten and partially illegible. The 03/05/14 report states that the patient presents with lower spine pain to the lower extremity to the heel. On 03/05/14 the patient is noted to be temporarily totally disabled 30-45 days. The 02/04/14 examination reveals the patient limps toward the right leg with limited range of motion of the trunk. There is tenderness to palpation and spasm in the lumbosacral junction. The patient's diagnoses from 02/05/14 include: 1. L5-S1 disc herniation 2. Severe mechanical axial back pain the utilization review being challenged is dated 03/14/14. Reports were provided from 11/27/13 to 03/05/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional capacity exam:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning Page(s): 125.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 page 137, FUNCTIONAL CAPACITY EXAM

**Decision rationale:** The patient presents with lower spine pain extending to the lower extremity to the heel. The physician requests for Functional Capacity Exam per 03/05/14 report. ACOEM Guidelines Chapter 7 page 137 states, the examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. In this case, there is no evidence from the reports provided that the employer or claim administrator has requested this evaluation. The physician does not explain why the requested information is crucial. There is no discussion of the patient's return to work or a work hardening program. The FCE does not predict the patient's actual capacity to perform in the workplace. Therefore, Functional capacity exam is not medically necessary.