

<b>Case Number:</b>	CM14-0041068		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/21/2013
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/24/2014
<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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 38 year old male whose date of injury is 03/21/13. On this date the injured worker was pulling a large tree trunk and injured the low back. Magnetic resonance image of the lumbar spine dated 06/27/13 revealed a 1-2 mm disc bulge at L3-4 with mild disc degeneration and disc space narrowing. At L4-5 there is a 1-2 mm disc bulge asymmetric to the right with mild right neural foraminal narrowing and mild right lateral recess stenosis. Treatment to date includes chiropractic sessions and medication management. Note dated 04/29/14 indicates that low back pain has worsened and is rated as 7/10. Progress note dated 04/10/14, 04/15/14, 05/08/14 indicate that the injured worker no-showed. Diagnosis is sprain/strain lumbar region.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations (pp 132-139).

**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 Chapter, Functional capacity evaluation.

**Decision rationale:** Based on the clinical information provided, the request for functional capacity exam is not recommended as medically necessary. The submitted records fail to document any unsuccessful return to work attempts. It is unclear if the injured worker is at or near maximum medical improvement. There is no specific, defined return to work goal, and it is unclear if the injured worker has a specific job to return to at this time. Therefore, the requested functional capacity evaluation is not in accordance with the Official Disability Guidelines, and medical necessity is not established.