

<b>Case Number:</b>	CM14-0049548		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/25/2007
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 53-year-old male was reportedly injured on June 25, 2007. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated December 19, 2013, indicated that there were ongoing complaints of low back pain, cervical spine pain, left hip pain, and abdominal pain. Current medications include Norco, Fexmid, Dendracin, and Synovacin as well as medical marijuana. Physical examination demonstrated tenderness along the lumbar spine with muscular rigidity. There were no rest trigger points throughout the lumbar spine muscles as well as decreased lumbar spine range of motion. Neurological examination noted decreased sensation along the posterior lateral thigh and posterior lateral calf. Examination of the cervical spine also noted muscular tenderness and increased muscular rigidity with numerous trigger points. Diagnostic nerve conduction studies showed moderate left ulnar nerve entrapment at the elbow and early left carpal tunnel syndrome. Nerve conduction studies of the lower extremities showed a severe bilateral L5 radiculopathy on the left greater than right side and a mild bilateral S1 radiculopathy. It was stated that the injured employee was permanent and stationary. Previous treatment included a right total hip replacement and an L4-L5 and L5-S1 posterior lumbar interbody fusion. There has also been treatment with physiotherapy, cervical epidural steroid injections, and lumbar epidural steroid injections. A request had been made for a functional capacity evaluation and was not certified in the pre-authorization process on March spent 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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty Chapter, Functional Capacity Evaluation (FCE).

**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, 2013.

**Decision rationale:** According to the progress note dated December 19, 2013, the injured employee stated to be nearing permanent and stationary status. According to the Official Disability Guidelines, functional improvement measures should be used over the course of treatment to demonstrate progress and return to functionality. As the injured employee stated to be nearing the point of maximum medical improvement, a functional capacity evaluation is medically necessary at this time.