

<b>Case Number:</b>	CM14-0055621		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/15/2010
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 & Rehabilitation 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 45 year old male whose date of injury is 08/15/2010. The mechanism of injury is undisclosed. Lumbar MRI dated 01/24/14 revealed postsurgical changes with posterior fixation of T12 and L1. At L2 to L3 there is a posterior annular tear. Progress report dated 03/05/14 indicates that the injured worker complains of lumbar spine and bilateral knee pain. Diagnoses are lumbar disc displacement with myelopathy and lumbar sprain/strain. The injured worker was recommended for a functional capacity evaluation to determine his appropriateness for a work hardening program.

### 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 ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

**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 evaluation is not recommended as medically necessary. The submitted records indicate

that a functional capacity evaluation has been recommended as part of a work up for a work hardening program. California Medical Treatment Utilization Schedule (MTUS) guidelines note that injured workers must be no more than two years out from date of injury to be eligible for a work hardening program. This injured worker's date of injury is over four years old. There are no unsuccessful return to work attempts, and it is unclear if the injured worker is at or near maximum medical improvement as required by the Official Disability Guidelines.