

<b>Case Number:</b>	CM14-0063876		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/22/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 Medicine and is licensed to practice in Texas and Ohio. 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 29-year-old male who reported injury on 07/22/2013. The mechanism of injury was documented in the submitted report. The injured worker has diagnoses of chronic low back pain and median neuropathy and sprain/strain of the cervical spine. The injured worker's past medical treatment consists of acupuncture, physical therapy and medication therapy. Medications include Norco, baclofen, nortriptyline and ibuprofen. Duration, frequency and dosage were not submitted in paperwork. The injured worker underwent x-rays that revealed moderate degenerative changes of the cervical and lumbar spine. The injured worker complained of low back pain, which he stated was mostly on the left side of the low back, where if he pressed he had pain. The injured worker also complained of left thigh to knee pain. The injured worker did not rate his pain on a VAS. The injured worker also complained of bilateral knee, neck pain, and bilateral wrist pain. Physical examination dated 01/06/2014 revealed that the injured worker's cervical spine had a range of motion of flexion full, extension full, lateral flexion left full but with pain, rotation to the right was full and rotation to the left was full. Spurling's test was abnormal and caused neck pain. Palpation mild to the cervical spine approximately at the C4 to C7 with paracervical tenderness to palpation. The lower back examination revealed that the injured worker also had tenderness to palpation over the L4-5 area at the paraspinal areas. He had good range of motion with pain. She had a negative straight leg raise and heel toe. Sensation and deep tendon reflexes were intact. The treatment plan was for the injured worker to undergo a functional capacity evaluation. The rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation - 2 day:** Upheld

**Claims Administrator guideline:** The Claims Administrator 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The request for a Functional Capacity Evaluation - 2 day is non-certified. The injured worker complained of low back pain, which he stated was mostly on the left side of the low back, where if he pressed he had pain. He also complained of left thigh to knee pain. The injured worker did not rate his pain on a VAS. The CA MTUS/ACOEM guidelines indicate there is a functional assessment tool available and that is a Functional Capacity Evaluation, however, it does not address the criteria. As such, secondary guidelines were sought. The ODG guidelines do not recommend Functional Capacity Evaluations as routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. Functional Capacity Evaluations are only considered if case management is hampered by complex issues, prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job and/or injuries that require detailed exploration of a worker's abilities. ODG also recommends FCEs is timing is appropriate. If the subject is close or at MMI/all key medical reports secured or additional/secondary conditions clarified. Given that the ODG recommendations support the use of functional capacity evaluations when case management is impeded by complex issues, and the injured worker is close to maximum medical improvement; the injured worker would not be in compliance with the ODG recommendations. The request did not address the medical necessity of an FCE based on the injured worker approaching maximum medical improvement or failing a prior return to work attempt. The submitted report did not reveal any evidence that the injured worker had been improving on any functional deficits following the course of treatment or pending for diagnostics due to either chronic pain or case management hampered by complex medical issues. As such, the request for a functional capacity evaluation for 2 days is not medically necessary.