

<b>Case Number:</b>	CM14-0064803		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	04/30/2008
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 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:

Medical records reflect a claimant with a work injury dated 4-30-08 due to cumulative trauma. The claimant has a history of lumbar laminectomy at L4-L5 and L5-S1 in 2009 and cervical laminoplasty on 2-20-10. The claimant has been treated with medications, physical therapy, acupuncture, lumbar epidural steroid injection and surgery. Office visit from 3-24-14 notes the claimant has worsening of symptoms and weakness. The appeal from 4-15-14 notes the claimant has worsening of back pain radiating to left anterior and posterior leg pain and worsening right Achilles tendon pain. She has seen [REDACTED] who is going to perform a SI on 4-23-14. The claimant also reported urinary urgency. It is noted that her Activities of Daily Living (ADL) (ADLs) have been significantly impacted. She has difficulty climbing stairs, unable to walk for 30 minutes, sit for 2 hours, unable to reach or grasp something off and overhead shelf, unable to push, pull, kneel, bend, squat. Her pain interferes with her ability to concentrate or think.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation (FCE):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations and ODG- Treatment in Worker's Compensation, online Edition, Chapter Fitness for Duty, Functional capacity evaluation (FCE).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Functional Improvement Measures.

**Decision rationale:** There is a request for a FCE. Based on the records provided, the medical necessity of this request is not established. Current treatment guidelines reflect that the importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. However, it is not documented how the FCE will change treatment or assist in her management. It is noted that the claimant has been unable to return to work. Therefore, the medical necessity of this request is not established.