

<b>Case Number:</b>	CM14-0067620		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/20/2006
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Florida. 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 36-year-old male who reported injury on 06/20/2006, reportedly due to lifting a heavy bucket of meat. The injured worker's treatment history include status post lumbar disc replacement of L5-S1 and extensive conservative treatment included physical therapy, H wave unit, lumbar epidural steroid injections, aquatic therapy and HEP and CBT. The injured worker was evaluated 05/09/2014, and it was documented the injured worker complained of lower back pain with radiation of pain and radicular symptoms into his bilateral lower extremities. He continued to have symptoms of depression. He stated that he was separated from his wife and because of this has been experiencing more stress. Examination of the lumbar spine revealed deep tendon reflexes are symmetrical bilaterally to the patella and Achilles. There was no clonus signs noted bilaterally. There was normal lumbar flexion, extension, bilateral lateral bending rotation to the right and left. Straight leg raise was positive on the left and right. No spasm or guarding was noted. Lumbar spine motor strength was 5/5 to hip flexion, hip extension, knee extension, knee flexion, ankle eversion, ankle inversion and extensor hallucis longus. It is documented that the injured worker wanted to return to work and was motivated to return to work, but cannot find a job that will accommodate for his restrictions. He continued to have difficulty with daily activities. There was little indication of psychological progress and limited validation for multidisciplinary treatment with psychological approach and extensive pre-disability over the past 8 years. Medications included Lidoderm 5% patches, Ambien 5 mg, Seroquel 25 mg, Cymbalta 30 mg, tramadol ER 100 mg. Diagnoses include unspecified major depression recurrent episode, syndrome laminectomy lumbar, chronic pain, disorders sacrum; sciatica and S/P prosthetic disc replacement L5-S1. Request for Authorization was not submitted for this review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial evaluation for functional restoration program.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work loss data

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional Capacity Evaluation Chronic Pain.

**Decision rationale:** In the Official Disability Guidelines state that a Functional Capacity Evaluation is recommended prior to admission a work hardening program, with reference for assessments tailored to specific task or job. It also states if a worker is actively participating in determining the suitability of a particular job, the Functional Capacity Evaluation is more likely to be successful. A Functional Capacity Evaluation is not effective when the referral is less collaborative and more directive. Per the Official Disability Guidelines to consider a Functional Capacity Evaluation would be prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job all key medical reports and conditions are clarified and MMI/ all key medical reports are secured. There is lack of evidence provided on 05/09/2014 why the injured worker needs a Functional Capacity Evaluation. The provider indicated the injured worker remained symptomatic. There was no evidence of a complex issues in the documentation provided preventing the injured worker to return back to work. In addition, there were no outcome measurements indicating the injured worker had failed conservative care such as, physical therapy, functional limitations medication treatment. Given the above, the request for Functional Capacity Evaluation on the injured worker is not medically necessary.