

<b>Case Number:</b>	CM14-0078328		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	02/13/2014
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for mid and low back pain reportedly associated with an industrial injury of February 13, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy; unspecified amounts of chiropractic manipulative therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated April 28, 2014, the claims administrator denied a request for a functional capacity evaluation, citing ACOEM Chapter 5, page 81. The applicant's attorney subsequently appealed. In a doctor's first report dated April 2, 2014 the applicant presented to a new primary treating provider, reporting a primary complaint of low back pain. The note was difficult to follow. Urine toxicology testing, six sessions of acupuncture, six sessions of chiropractic manipulative therapy, a home exercise kit, a multimodality electrotherapy device, electrodiagnostic testing, lumbar MRI imaging, topical compounds, Motrin, Prilosec, and a rather proscriptive 5-pound lifting limitations were endorsed. Little or no narrative commentary was attached to the request for the "initial FCE."

### 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): 81.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when necessary to translate medical impairment into functional limitations to determine work capability, in this case, however, it is not clearly stated why it is necessary to translate the applicant's medical impairment into functional limitations and/or to determine work capability. The request was initiated on the applicant's first visit with his new primary treating provider. Various treatments, including physical therapy, manipulative therapy, and acupuncture, were concurrently requested. No narrative commentary was attached to the request for the functional capacity evaluation. It did not appear that the applicant was working with a rather proscriptive 5-pound lifting limitation. It was not stated that the applicant had a job to return to. It was not stated how the functional capacity evaluation in question would influence the treatment plan and/or facilitate the applicant's return to work. Therefore, the request is not medically necessary.