

<b>Case Number:</b>	CM14-0094375		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	07/06/1999
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Interventional Spine 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 patient is a 44-year-old female with an injury date of 07/06/1999. Based on the progress report provided on 05/08/2013, the patient complains of low back pain rating it as an 8/10. She states that the low back pain continues to be severe and radiates down the right leg to the foot. The report on 10/29/2013 continues to state that the patient still has chronic back pain. She also reports that she has had herniated disks seen on a Computed Tomography (CT) scan. The patient's current diagnoses include the following: 1. Epigastrium pain. 2. Chronic back pain. The request for a functional capacity evaluation has been denied.

### 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 Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, Chapter 7, p137-139.

**Decision rationale:** According to the report on 10/29/2013, the patient presents with chronic low back pain. The request is for a functional capacity evaluation, however, the report was not provided with the request. MTUS does not discuss functional capacity evaluations. ACOEM does not appear to support the functional capacity evaluations and states, "Functional Capacity Evaluations (FCE) may establish physical abilities and also facilitate the examinee/employer relationship for return to work. However, (FCEs) can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physicians. There is no scientific evidence confirming that (FCEs) predict an individual's actual capacity to perform in the workplace; an (FCE) reflects what an individual can do on a single pain, at a particular time, under control circumstances, that provided indication of that individual's abilities." As with any behavior an individual's performance on an (FCE), it is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the (FCE) results for determination of current capability and restrictions. (FCEs) are not a good measurement of determining the patient's ability to work. Therefore, the request for a Functional Capacity Evaluation is considered not medically necessary.