

<b>Case Number:</b>	CM14-0009639		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	05/04/2010
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 38 year old male with the injury date of 05/04/10. Per physician's report 01/02/14, the patient has left arm pain and low back pain, radiating down his left leg, at 8/10. The patient complains of anxiety and sleep difficulty. The patient is currently taking Soma, Lyrica, Xanax, Nucynta, Prilosec, Percocet and Restoril. The patient ambulates with a cane. The patient presents almost full range of lumbar motion. The patient cancelled a scheduled CT scan regarding a spinal cord stimulator due to vomiting. The lists of diagnoses are:1) S/P L4-5 and L5-S1 ALIF 01/25/122) Acute left posterior thigh radiculopathy3) L4-S1 pseudarthrosis4) Depression and anxiety5) L4-S1 stenosis6) S/P left L5-S1 laminectomy and foraminotomy and removal hardware at L4-S1 04/03/137) S/P lumbar laminectomy8) S/P L4-S1 fusion Per 10/22/13 progress report, the patient continues to have back pain, radiating down his left leg at 4-6/10. There is decreased sensation on the left L4 and L5 dermatome. The patient will schedule with psychological pre screening regarding a spinal cord stimulator. Per 09/19/13 progress report, the patient experiences more frequent numbness in his left foot after an anterior lumbar fusion at L4-5 on 01/25/12. A lumbar steroid injection gave him approximately 20% relief of the left lower extremity and lasted for 1-1/2 days. The patient states that "he has difficulty tolerating routine activities of daily living. It takes him two hours to shower and dress for the day." The patient's TTD benefits just ran out and he is in the process of applying for State Disability benefits. The utilization review determination being challenged is dated on 01/17/14. Treatment reports were provided from 03/04/13 to 01/13/15.

## 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:** 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 (FCE).

**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) 7 Chapter page 137 Functional Capacity Evaluation.

**Decision rationale:** The patient presents with pain and weakness in his lower back and left leg. The patient is s/p several lumbar surgeries, including removal hardware at L4-S1 04/03/13. The request is for functional capacity evaluation (FCE). The utilization review letter 01/17/14 denied this request, stating "the record does not indicate that the patient is at close or at maximum medical improvement." MTUS does not discuss functional capacity evaluations. Regarding functional capacity evaluation, ACOEM Guidelines Chapter 7 page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. There is no significant evidence to confirm that FCEs predict an individual's actual capacity to perform in a workplace." ACOEM guidelines do not support FCE to predict an individual's work capacity. ACOEM supports FCE if asked by the administrator, employer, or if it is deemed crucial. In this case, the treater requested FCE as the patient is applying for Social Security Disability. FCE is not requested by administrator nor employer. The request for functional capacity evaluation is not medically necessary.