

<b>Case Number:</b>	CM14-0101112		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	07/27/2011
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 50 yo male who sustained an industrial injury on 07/27/2011. The mechanism of injury occurred when he slipped and fell injuring his thoracic and lumbar spine. His diagnoses include lumbar degenerative disc disease, herniated disc, lumbar radiculopathy, spondylolisthesis and a prior pars defect. He continues to complain of low back pain. On physical exam there is weakness to the foot with neck pain radiating to the left arm. The treating provider has requested a FCE ( Functional Capacity Evaluation) Cervical and Lumbar Spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FCE (Functional Capacity Evaluation) Cervical and Lumbar Spine:** 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 Chronic Pain Treatment Guidelines Functional capacity evaluation ( FCE) Page(s): 125-126.

**Decision rationale:** There is no documentation provided necessitating a FCE. A FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the work place, an FCE reflects what

an individual can do on a single day, at a particular time, under controlled circumstances that provide an indication of that individual's abilities. It is medically reasonable to first determine work restrictions and limitations based on clinical examination. Medical necessity for the requested service has not been determined. The requested service is not medically necessary.