

<b>Case Number:</b>	CM14-0016235		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	09/20/2010
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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: Preventive Medicine, Occupational Medicine, Pediatrics

### 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 29 year old male who was injured on 09/20/2010 while lifting a heavy pole that weighed approximately 80 pounds. He felt pain in his back. On 09/24/2010, he squatted down to put rebar on the ground and felt severe back pain which he rated 10/10 on a VAS. His diagnoses are chronic low back pain with radiculopathy and hypotonic neurogenic bladder. Prior treatment history has included injection, self catheterize, medications including Naproxen 500 mg, Omeprazole 20 mg, Promolaxin 100 mg, and Lidopro. FCE dated 02/26/2014 revealed the patient was reportedly unable to test up to any level of work as defined under the physical demand characteristics of work as set forth by the US Department of Labor; Dictionary of Occupational Title. The lowest level of defined work is sedentary work and is defined as exerting 10 pounds of force occasionally and a negligible amount of force both frequently and constantly through a full range of motion (Floor to shoulder). The typical energy requirements to produce sedentary work are between 1.5 METS and 2.1 METS. Transfer of care report dated 12/11/2013 states the patient has unfortunately continued to have persistent residuals including weakness, particularly of the left lower extremity, forced ambulation with a cane, and urinary hesitancy requiring daily catheterization. He also had constipation which has been controlled with MiraLax. On examination, the patient ambulates with a cane. He is able to flex to 30 degrees and extend to -10 degrees, both of which cause pain. Straight leg raise today is negative, left and right at 90 degrees; Notable calves and intrinsic muscles of the foot atrophy; EHL testing is 4.5/5 bilaterally; Psoas testing is 4/5 bilaterally. He has an antalgic gait. The impression is the patient has ongoing back pain. PR2 dated 11/07/2013 reports the patient presents with

complaints of pain in the right leg. Also he has cramping in the bilaterally leg. He uses a self-bladder catheterization once a day with volume of 150 cc. Objective findings on exam revealed mild tenderness sin the bilateral lumbar paraspinal muscles. Range of motion is 50% of normal in flexion, 50% of normal in extension. Rotation and lateral bend to the right is 60% of normal, to the left is 60% of normal. Straight leg raise is negative. He uses a cane in the right hand. The patient has motor strength of 5-/5 in all muscle groups tested in the right lower extremity and 4/5 in left toe extension and ankle dorsiflexion and plantar flexion; 4+/5 in the knee; 5-/5 left hip flexion and knee extension. His sensory examination shows decreased to light touch and pinprick in the posterior legs and lateral legs and feet worse on the left. Reflexes are 2/4 on the right for the knee and 1/4 for the ankle. Reflexes are 1/4 for the knee and 0/4 for the ankle on the left. Babinski is negative. The treating provider requested a functional capacity evaluation.

### **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 ACOEM Guidelines Chapter 7, Independent Medical Examinations and Consultations pg 137-138

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional capacity evaluation ( FCE) Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter

**Decision rationale:** 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 .The medical records document FCE dated 02/26/2014 revealed the patient was reportedly unable to test up to any level of work as defined under the physical demand characteristics of work as set forth by the US Department of Labor; Dictionary of Occupational Title. There is no specific indication for a repeat FCE. Medical necessity for the requested item has not been established. The requested item is not medically necessary.