

<b>Case Number:</b>	CM14-0117318		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/15/2013
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 Family Practice 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:

This 43 year old man sustained an industrial injury on 10/15/2013 to his low back when he was in a motor vehicle accident while driving a truck. Treatment has included oral and topical medications, home exercises, and pain management consultation and treatment. Evaluations include lumbar spine MRI on 12/11/2013, showing L4-L5 2-3 mm posterior disc bulge resulting in mild bilateral neural foraminal narrowing with mild canal stenosis and bilateral exiting nerve root compromise, L5-S1 1-2 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing. Medical records include two functional capacity evaluations with results completed on 2/25/2014 and 4/1/2014. However, it appears that the worker was returned to modified work duty on 3/24/2014. Physician notes on 5/19/2014 show a very limited range of motion to the lumbar spine, significant tenderness over L4-L5 and L5-S1 facet area bilaterally, decreased sensation to light touch over the left L4, L5, and S1 dermatomes, and weakness in plantar flexion and extension of bilateral feet which is more pronounced on the left side. Recommendations include a left sided L4 and L5 transforaminal epidural steroid injection with flourosopic guidance. On 7/16/2014, Utilization Review evaluated a request for a functional capacity evaluation. The UR physician noted that the worker has returned tro work and there are no documented objective deficits on physical examination. The request was denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation (FCE): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluation (FCE) Page(s): 125.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, Chronic Pain Treatment Guidelines FCE Page(s): 48.

**Decision rationale:** According to the guidelines, activities at work that increase symptoms need to be reviewed and modified. A functional capacity evaluation is indicated when information is required about a worker's functional abilities that is not available through other means. It is recommended that wherever possible should reflect a worker's capacity to perform the physical activities that may be involved in jobs that are potentially available to the worker. In this case, the claimant had an assessment of the spinal range of motion and limitations in July 2014. Specific work duties were not mentioned that require an FCE which could not be performed in any other exam situation. No documentation on work hardening is provided. As a result, a functional capacity evaluation is not medically necessary.