

<b>Case Number:</b>	CM14-0121196		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/22/2012
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 & Rehabilitation

### 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 injured worker is a 31 year old male, who sustained an industrial injury on 3/27/2012. He reported popping in his back with pain. Diagnoses have included lumbar sprain/strain with multi-level spinal canal stenosis L5-S1 and bilateral lower extremity radiculopathy. Treatment to date has included chiropractic treatment, acupuncture and analgesic cream. According to the progress report dated 6/19/2014, the injured worker had a lumbar epidural steroid injection. He reported less numbness into the left leg. The pain was rated 6/10 with sitting or prolonged driving. The progress report was hand-written and difficult to decipher. Work status was for modified duties with restrictions. Physical exam revealed that the injured worker exhibited difficulty with standing. He moved about with stiffness. There was tenderness present over the lumbar spine. Authorization was requested for a Functional Capacity Evaluation for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Functional Capacity Evaluation for the Lumbar Spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Pages 132-139 Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations.

**Decision rationale:** The patient was injured on 05/22/12 and presents with lumbar spine pain. The request is for a FUNCTIONAL CAPACITY EVALUATION FOR THE LUMBAR SPINE. There is no RFA provided and the patient is to "return to modified duties." The 06/19/14 report states that the FCE is "needed to determine if an employee is able to resume working in a capacity commensurate with his or her skills or abilities." Reports provided are hand-written, illegible, and brief. MTUS does not discuss functional capacity evaluations. Regarding functional capacity evaluation, ACOEM guidelines page 137, "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 maybe ordered by the treating or evaluating physician if the physician feels the information from such testing is crucial. There are no significant events to confirm that FCEs predict an individual's actual capacity to perform in a workplace." The patient is diagnosed with lumbar sprain/strain with multi-level spinal canal stenosis L5-S1 and bilateral lower extremity radiculopathy. Objective findings are not provided. The reason for the request is not provided. It is unknown if the request is from the employer or the treater. ACOEM supports FCE if asked by the administrator, employer, or if it is deemed crucial. Per ACOEM, there is lack of evidence that FCEs predict the patient's actual capacity to work. Therefore, the requested functional capacity evaluation for the lumbar spine IS NOT medically necessary.