

<b>Case Number:</b>	CM14-0132876		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	03/27/2012
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Occupational Medicine 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 31year old male was injured 3/27/12 sustaining low back injury after lifting a heavy bag of groceries. He had immediate onset of low back pain and leg pain. As a result of the injury he underwent a lumbar laminectomy and disc resection at L4-5 and was able to return to work without restrictions. He currently is complaining of constant, severe low back pain, bilateral pain in the buttocks with radiation to the lower extremities with weakness, loosing balance, trouble walking and getting out of bed. The pain intensity without medication is 7/10, with medication 4/10. Activity intensifies the pain. MRI of the lumbar spine (2/24/14) demonstrated multilevel lumbar spondylosis. Electromyography/ nerve conduction study (6/13/13) was normal. Diagnoses included status post lumbar laminectomy and disc resection at l4-5 left; lumbar degenerative disc disease; low back and bilateral leg pain; herniated nucleus pulposus at L3-4 ;lumbar radiculopathy and depression; generalized anxiety disorder. Medications include oxycodone, Vynanse, trazadone, Seroquil, dexilant. He has had gretaer than 12 physical therpay sessions. There was no documentation of outcome. Transcutaneous electrical nerve stimulator and epidural steroid injections were not of much benefit. Six sessions of acupuncture were documented. Physical exam demonstrated decreased range of motion of the lumbar spine with straight leg raise is positive bilaterally. Performance of activities of daily living was not documented. The injured worker is temporarily totally disabled and is off work. On 7/16/14 Utilization Review non-certified the request for functional capacity evaluation lumbar/thoracic spine based on normal objective findings on examination; no documentaion of prior unsuccessful attempts to return to work; conflicting opinions regarding work restrictions or fitness of duty; other injuries that complicate the evaluation of functional abilities or the injured worker is close to maximum medical improvement. The guidelines referenced were MTUS and ODG.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Functional capacity evaluation lumbar/ thoracic spine QTY: 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, pages 137-138 and Non-MTUS Official Disability Guidelines (ODG), Functional Capacity Evaluation (FCE)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Evaluations, 2nd Edition, pages(s) 137,138 and Non-MTUS Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluations.

**Decision rationale:** MTUS Guidelines do not specifically address the medical necessity of Functional Capacity Evaluations (FCEs). Other Guidelines do address this issue and are consistent with their recommendations. FCEs are only recommended if communications are established with an employer and there is a specific job task(s) offered and available. Under these circumstances the purpose of the FCE is to evaluate the safety and suitability of predetermined job task(s). In this instance, there is no evidence of any employer communications and there is no evidence of predetermined job tasks that have been made available. There are no unusual circumstances that justify an exception to Guideline recommendations. Therefore, this request is not medically necessary.