

<b>Case Number:</b>	CM14-0185532		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	03/01/2007
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 60-year-old male with date of injury of 03/01/2007. The treating physician's listed diagnoses from 09/15/2014 are cervical spine strain/strain, rule out herniated nucleus pulposus; rule out cervical spine radiculopathy; rule out umbilical hernia; low back pain; status post lumbar spine surgery; lumbar spine sprain/strain rule out herniated nucleus pulposus; rule out radiculitis, lower extremity; hypertension; anxiety; mood disorder; sleep disorder; psychosexual dysfunction; and stress. According to this report the patient complains of burning radicular neck pain and muscle spasm. He describes his pain is constant, moderate to severe. The patient rates his pain 6 to 7/10. The pain is associated with numbness and tingling and of the bilateral upper extremities. The patient also complains of sharp stabbing pain at the abdomen. He is also status post lumbar spine surgery with residual pain, date unknown. The pain is associated with numbness and tingling and of the bilateral lower extremities. He rates his low back pain 8/10. The examination shows tenderness to palpation at the suboccipital region as well as over both scalene and trapezius muscles. Range of motion of the cervical spine is diminished. Cervical distraction and compression tests are positive bilaterally. Sensation to pinprick and light touch is slightly diminished over the C5, C6, C7, C8, and T1 dermatomes in the bilateral upper extremities. Motor strength is 4/5 in the bilateral upper extremities. Deep tendon reflexes are 2+ and symmetrical in the bilateral upper extremities. There is palpable tenderness and spasm noted at the lumbar paraspinal muscles and lumbosacral junction. Straight leg raise is positive bilaterally. Slightly decreased sensation to pinprick and light touch at L4, L5, and S1 dermatomes bilaterally. The documents include a QME report from 10/21/2013, and progress reports from 02/11/2014 to 10/19/2014. The utilization review denied the request on 10/17/2014.

## 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 cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 137 to 139, Functional Capacity Evaluation

**Decision rationale:** This patient presents with neck, abdomen, and low back pain. The provider is requesting a Functional Capacity Evaluation. The ACOEM Guidelines on Functional Capacity Evaluations page 137 to 139 states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. An FCE reflects what an actual individual can do on a single day at a particular time under controlled circumstances that provide an indication of that individual's abilities. In addition, an individual's performance in an FCE is probably influenced by multiple non-medical factors other than physical impairments. For this reason, it is problematic to rely solely upon the FCE results for the duration of current work capabilities and restrictions. The 09/15/2014 report shows that the provider is requesting for a functional capacity evaluation; however, there was no discussion as to why it's being requested. Routine FCE's are not supported by the guidelines unless requested by an administrator, employer, or if the information is crucial. Therefore, this request is not medically necessary.