

<b>Case Number:</b>	CM14-0194131		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	06/26/2014
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 Internal 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:

The injured worker is a 61-year-old man with a date of injury of June 26, 2014. The mechanism of injury was a motor vehicle accident. The IW was the driver, and the impact was to the rear. The current working diagnoses include cervical paraspinal strain; and right-sided lumbar radiculopathy. Pursuant to the progress report dated October 8, 2014 progress report, there were not any subjective complains documented. The provider documents lumbar spine sprain and bilateral lower extremity pain. Functional change from last visit was not documented. Objective physical finding were not documented. Treatment plan recommendations include chiropractic treatment to the lumbar spine 3 times a week for 4 weeks. The provider is also recommending a Functional Capacity Evaluation (FCE), urine drug test, topical creams, and an Interferential Unit. The IW was instructed to continue using the lumbar brace and continue Ibuprofen 400mg. A Patient Status Report dated July 7, 2017 indicated that the IW was prescribed Neurontin, Flexeril, and physical therapy to the lumbar and thoracic spine 2 times a week for 3 weeks. Current work status is TTD for 6 weeks as of October 8, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM) 2nd Edition Chapter 7 Independent Medical Examinations and Consultations (pages 132-139)

**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 137-8

**Decision rationale:** Pursuant to the ACOEM, initial functional capacity evaluation is not medically necessary. The guidelines state the examiner is responsible for determining whether the impairment results from functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether the work restrictions are based on limited capacity, risk of harm or subjective examinee's tolerance for the activity in question. There is little scientific evidence confirming functional capacity evaluations predict an individual's actual capacity to perform in the workplace. For these reasons, it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. In this case, the injured worker was diagnosed with lumbar spine strain and bilateral lower extremity pain. The documentation indicates the injured worker is still receiving treatment. He was referred to physical therapy on July 21 of 2014. Physical therapy was prescribed at two times a week for three weeks to the lumbar spine and the thoracic spine. He is taking Flexeril and Neurontin. A request for chiropractic treatments of the lumbar spine was submitted on October 8, 2014. The chiropractic treatment request was for three times per week for four weeks. The requesting physician also ordered an inferential unit and compounded creams along with ibuprofen 400 mg. The record does not indicate employer collaboration to facilitate the functional capacity evaluation. There is no documentation of job tasks enumerated in the record. Additionally, there is little scientific evidence confirming functional capacity evaluations predict an individual's actual capacity to perform in the workplace. Consequently, the initial functional capacity evaluation is not medically necessary.