

<b>Case Number:</b>	CM14-0194241		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	07/26/2014
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of July 26, 2014. In a Utilization Review Report dated October 28, 2014, the claims administrator failed to approve request for a functional capacity evaluation. An October 9, 2014 Doctor's First Report (DFR) and associated RFA form were sought. Non-MTUS Chapter 7 ACOEM Guidelines and non-MTUS-ODG Guidelines were invoked, although these guidelines were not incorporated into the report rationale. The applicant's attorney subsequently appealed. In a September 29, 2014 progress note, the applicant stated that he is improved. 9/10 low back pain was noted. The applicant was apparently working with restrictions in place. The applicant was given primary diagnoses of lumbar strain and sciatica. Ultracet, a 15-pound lifting limitation, and back support were endorsed. On October 9, 2014, the applicant apparently transferred care to a new primary treating provider (PTP). The applicant exhibited an antalgic gait apparently requiring usage of a cane. The applicant was placed off of work, on total temporary disability, while tramadol, Flexeril, a topical compounded FluriFlex agent, a lumbar support, and an interferential unit were endorsed. A physical performance evaluation-functional capacity evaluation and 12 sessions of physical therapy were sought.

### 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 2, page 21 does acknowledge that a functional capacity evaluation can be considered when necessary to translate medical impairment into functional limitations and to determine work capability, in this case, however, the attending provider placed the applicant off of work, on total temporary disability, on the October 9, 2014 DFR on which the FCE in question was sought. It was not clear what role the functional capacity testing would serve in the context of the applicant being placed off of work, on total temporary disability, for a span of six weeks on the same date the FCE was sought. It did not appear that the FCE would influence or alter the treatment plan and/or would facilitate the applicant's returning to work in a modified capacity role. No clear or compelling rationale for the FCE was furnished so as to augment the tepid ACOEM position on the same. Therefore, the request is not medically necessary.