

<b>Case Number:</b>	CM14-0203137		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	07/26/2013
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Rehabilitation, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 43-year-old male with a date of injury on 07/26/2013. Documentation from 11/12/2014 indicated that during work duties of lifting bags of approximately 65 pounds on a repetitive basis, one specific occasion, the injured worker lifted and turned, and subsequently developing pain to the lower back. Documentation from 01/09/2014 indicated the diagnoses of lumbar disc degeneration and lumbar muscle strain. Subjective findings from 11/12/2014 were remarkable for occasional low back pain described as stiffness and soreness. Physical examination performed on this date was remarkable for slight guarding and palpable paravertebral tenderness with range of motion of 56 degrees with forward flexion, 16 degrees with extension, and 25 degrees for bilateral lateral flexion. Range of motion to the bilateral hips, knees, and ankles were within normal limits. Motor strength was measured a five to the bilateral lower muscle groups. X-rays performed to the lumbar spine on 11/12/2014 was revealing for minimal degenerative changes at lumbar three to four and slight wedging of lumbar five to sacral one. Documentation from 11/12/2014 noted magnetic resonance imaging to the lumbar spine performed on 10/14/2013 was revealing for multilevel degenerative changes over the lower lumbar spine, mild dural compression moderate left neural foraminal stenosis and mild right neuroforaminal stenosis at lumbar three to four, and a 3mm disc bulge; mild dural compression and mild bilateral neural foraminal stenosis lumbar four to five, disc desiccation with disc bulge measuring 4mm; and minimal dural compression and mild bilateral neuroforaminal stenosis at lumbar five to sacral one, disc desiccation with disc bulg measuring 3mm. Medical records provided refer to prior treatments and therapies that included chiropractic therapy that he received six visits with temporary relief noted, twelve physical therapy sessions, ice, home exercise program, and a medication history of Norco and Ibuprofen. On 11/12/2014, the injured worker noted with regards to activities of daily living that he was only able to carry

light to medium objects; had some difficulty with kneeling, bending, or squatting; and noted a moderate sleep disturbance. While documentation indicated that physical therapy and chiropractic treatments was provided, there was no documentation of treatment plan, or results of prior visits. Medical records from 11/12/2014 noted a disability status of permanent and stationary with no work restrictions. On 11/19/2014, Utilization Review non-certified the prescription for a Functional Capacity Evaluation of the neck and low back. Utilization Review based their determination on CA MTUS, Chronic Pain Chapter, Functional Restoration Programs, and Official Disability Guidelines, Fitness for Duty Chapter, noting that a Functional Capacity Evaluation is recommended when determining the suitability of a particular job. The Utilization Review noted that the injured worker had returned to full duty work and the medical records provided lacked documentation of the functional demands that the injured worker returned to. The Utilization Review also noted that the injured worker had small disc protrusions noted on magnetic resonance imaging that were normal for the injured workers age.

### **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 neck and low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs, Functional Restoration Programs (FRPs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Fitness for Duty Chapter-Guidelines for Performing an FCE

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-32.

**Decision rationale:** The patient presents with pain affecting the low back and neck. The current request is for Functional capacity evaluation for the neck and low back. The treating physician states, "He tried to return to work on modified duties, but his employer did not accommodate his restrictions, therefore he remained off work. Activities of daily living (ADLs) limited due to the injury are playing with his children, gardening, playing sports, and sleeping." (55, 20) The treating physician also indicated that the patient's back has improved to 90% noting, "He has occasional low back pain described as stiffness and soreness. He does not push himself to provoke pain."(59) The ACOEM guidelines state, "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 may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial...There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." In this case, the treating physician does not explain why FCE is crucial. It is not requested by the employer or the claims administrator. The FCE does not predict the patient's actual capacity to perform in the workplace. Recommendation is for denial.