

<b>Case Number:</b>	CM15-0132920		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	03/04/2014
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

### 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 (IW) is a 64-year-old male who sustained an industrial injury on 03/04/2014 due to a fall. Diagnoses include lumbago; lumbar disc protrusion; and lumbar stenosis. Treatment to date has included medications and physical therapy (PT). The IW stated PT was not helpful and requested to discontinue therapy. According to the PR2 dated 5/19/15, the IW reported constant, moderate, achy low back pain rated 5/10, aggravated by prolonged sitting and relieved by rest. On examination, range of motion of the lumbar spine was painful, with flexion 50/60 degrees, extension 20/25 degrees and lateral bending 15/25 degrees, bilaterally. Straight leg raise was negative. JAMAR grip strength was 16, 18, 18 (kg) right, and 0, 0, 0 (kg) left. A request was made for 1 functional capacity evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Functional Capacity Evaluation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations and on the Non-MTUS Official Disability Guidelines (ODG), Fitness For Duty Chapter, Functional capacity evaluation (FCE).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) functional capacity evaluation.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address functional capacity evaluations. Per the ODG, functional capacity evaluations (FCE) are recommended prior to admission to work hardening programs, with preference for assessments tailored to a specific job. Not recommended as a routine use as part of occupational rehab or screening or generic assessments in which the question is whether someone can do any type of job. Consider FCE 1. Case management is hampered by complex issues such as: a. Prior unsuccessful RTW attempts b. Conflicting medical reporting on precaution and/or fitness for modified jobs c. Injuries that require detailed exploration of the worker's abilities 2. Timing is appropriate a. Close or at MMI/all key medical reports secured b. Additional/secondary conditions clarified. There is no indication in the provided documentation of prior failed return to work attempts or conflicting medical reports or injuries that require detailed exploration of the worker's abilities. Therefore, criteria have not been met as set forth by the ODG and the request is not certified.