

<b>Case Number:</b>	CM15-0181804		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	01/15/2013
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: Arizona, California

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 is a 53 year old female who sustained an industrial injury on 1-15-13. The diagnostic impression is noted as post laminectomy pain syndrome and status post L5-S1 fusion with continued radiculopathy both legs; left greater than right. Previous treatment includes medication, physical therapy, home exercise, MRI-right knee 3-31-15, MRI- lumbar spine 6-4-15, and surgery. Per a 6-22-15 progress report, the physician notes lumbar spine pain and bilateral knee pain. Work status is that she was released to work with the restriction of sit down work only until 8-22-15. In the most recent progress report made available for review, dated 6-25-15, the physician notes complaints of low back and bilateral leg pain, left greater than right. It is noted that she is now 10 months to a year post-laminectomy and she is still having radicular symptoms in the lower extremity. An epidural injection is recommended. Since her last visit in April, it is noted there has been no significant change in pain or its location. Pain is described as constant in the lower back with radiating pain more to the left than the right leg radiating down into the middle toes of the left foot. Medication is noted as Naproxen, Tramadol, Omeprazole, and blood pressure medication. Physical exam of the lumbar spine reveals tenderness in the sacroiliac joint, muscular tension throughout, and sensory changes at L4 and mostly L5 on the left and slightly L5 on the right as well as S1. The physician notes the MRI of the lumbar spine done 6-4-15 shows post-surgical changes noted over the posterior fixation L5-S1 with transpedicular screws, disc desiccation with loss of disc height at L5-S1 level with posterior anular tears, 2 mm disc bulge effacing the thecal sac and abutting, narrowing of the left foramen which appears to be secondary to facet arthropathy as well as left sided disc protrusion abutting the left L5 nerve root, and slight left sided L4-5 disc protrusion. It is noted in a 2-17-15 Work Hardening Screening that a Functional Capacity Evaluation is required to document capacity

below that of the goal of the work hardening program and to establish a baseline from which to measure improvement. The requested treatment of a Qualified Functional Capacity Evaluation was non-certified on 8-18-15.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Qualified functional capacity evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7-Independent Medical Examinations and Consultations, page 137-138; Official Disability Guidelines, Fitness for Duty Chapter, Functional capacity evaluation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures.

**Decision rationale:** According to the guidelines, activities at work that increase symptoms need to be reviewed and modified. A functional capacity evaluation (FCE) is indicated when information is required about a worker's functional abilities that is not available through other means. It is recommended that wherever possible should reflect a worker's capacity to perform the physical activities that may be involved in jobs that are potentially available to the worker. In this case the details of the work hardening program was not provided. There is no indication that the abilities could not be noted on physical exam. The request for the FCE is not medically necessary.