

<b>Case Number:</b>	CM15-0187232		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	11/18/2013
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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 is a 44 year old male, who sustained an industrial injury on 11-18-13. He reported low back pain. The injured worker was diagnosed as having sprain of strain of the lumbar spine with right lower extremity radiculopathy, underlying herniated disc at L4-5, sprain or strain of the right knee, and sleep disturbance. Treatment to date has included lumbar epidural injections, aquatic therapy, 6 sessions of acupuncture, 4 sessions of chiropractic treatment, a home exercise program, and medication including Norco, Soma, and Xanax. Physical examination findings on 7-10-15 included tenderness of palpation over the right paralumbar muscles. Palpation of the right sciatic notch produced pain radiating to the right leg. Tenderness to palpation was noted to the medial right knee and McMurray's test was positive. On 8-7-15, the injured worker complained of low back pain, right lower extremity pain, and right knee pain. The treating physician requested authorization for an interval functional capacity evaluation regarding the lumbar spine and right knee. On 8-24-15 the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interval functional capacity evaluation regarding the lumbar spine and right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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 medically necessary.