

<b>Case Number:</b>	CM15-0188946		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	11/19/2014
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: Texas, Illinois  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56 year old female with a date of injury of November 19, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for cervical disc herniation and lumbar disc herniation. Medical records dated June 24, 2015 indicate that the injured worker complains of back pain and worsening neck pain rated at a level of 8 out of 10. A progress note dated August 19, 2015 notes subjective complaints of decreased pain and stiffness of the cervical spine and lumbar spine. Records also indicate that the injured worker is still symptomatic. Per the treating physician (August 12, 2015), the employee was working with restrictions that included sedentary work only requiring a chair with back support. The progress note dated August 19, 2015 documented a physical examination that showed tenderness over the cervical and lumbar spine. Treatment has included trigger point injections to the right sacroiliac joint, and medications (Tramadol). The original utilization review (September 2, 2015) non-certified a request for a functional capacity evaluation.

### 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 ACOEM ,Chapter y, Independent Medical Examination and Consultations. ODG.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Prevention, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty Functional capacity evaluation (FCE).

**Decision rationale:** The injured worker sustained a work related injury on November 19, 2014. The medical records provided indicate the diagnosis of cervical disc herniation and lumbar disc herniation. Treatments have included trigger point injections to the right sacroiliac joint, and medications. The medical records provided for review do not indicate a medical necessity for Functional Capacity Evaluation. The MTUS is not elaborate on functional Capacity Evaluation; however, the Official Disability Guidelines states that functional capacity evaluation is recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants." The medical records indicate the request did not specify any job. Therefore, the request for Functional Capacity Evaluation is not medically necessary.