

<b>Case Number:</b>	CM15-0199852		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	02/14/2014
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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:

The injured worker is a 45 year old female who sustained an industrial injury on 2-14-14. A review of the medical records indicates that the worker is undergoing treatment for disc herniation of the cervical spine, impingement syndrome of the left shoulder, and disc herniation of the lumbar spine. Subjective complaints (9-10-15) include persistent neck pain, left shoulder pain, and mid and low back pain. It is noted the worker is now approaching maximum medical improvement and the treatment plan notes a functional capacity evaluation to assess her level of impairment and determine any necessary work restrictions in order to prevent further injury at the work place in the future. Also noted in the treatment plan is a urine toxicology screening, Flexeril 10mg #40 and Tylenol #4 #60. Objective findings (9-10-15) include cervical spine, left shoulder, and lumbar spine tenderness. X-rays are reported per the physician to reveal: cervical spine shows loss of cervical lordosis, left shoulder and humerus show no calcifications in the soft tissues, and lumbar spine and thoracic spine show persistent loss of lumbar lordosis. The requested treatment of functional capacity evaluation for low back was on non-certified 9-25-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional capacity evaluation for low back:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations, page 137-138.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Work-Relatedness, Activity, Work.

**Decision rationale:** Pursuant to the ACOEM, functional capacity evaluation for low back is not medically necessary. The guidelines state the examiner is responsible for determining whether the impairment results from functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether work restrictions are based on limited capacity, risk of harm or subjective examinees tolerance for the activity in question. There is little scientific evidence confirming functional capacity evaluations to predict an individual's actual capacity to perform in the workplace. For these reasons it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. The guidelines indicate functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. Guideline criteria functional capacity evaluations include prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modify job, the patient is close to maximum medical improvement, and clarification any additional secondary conditions. FCEs are not indicated when the sole purpose is to determine the worker's effort for compliance with the worker has returned to work and an ergonomic assessment has not been arranged. In this case, the injured worker's working diagnoses are disc herniation cervical spine; impingement syndrome left shoulder; and disk herniation lumbar spine. Date of injury is February 14, 2014. Request for authorization is September 18, 2015. According to a September 10, 2015 progress note, the injured worker is doing poorly. Subjective complaints include persistent neck, shoulder and mid and low back pain. Objectively, there is tenderness about the cervical spine, left shoulder and lumbar spine. The treatment plan includes a request for authorization to review medical records. There is no documentation of failed return to work attempts. There is no documentation the injured worker has reached maximal medical improvement. There is no specific job description or job duties documented in the medical record. There is little scientific evidence confirming functional capacity evaluations to predict an individual's actual capacity to perform in the workplace. Based on the clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation of failed return to work attempts, no indication the injured worker has reached maximal medical improvement (the injured worker is doing poorly with continued pain in the neck, shoulders and low back), no documentation describing specific job requirements and guideline non recommendations, functional capacity evaluation for low back is not medically necessary.