

<b>Case Number:</b>	CM15-0200289		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	09/28/2010
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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, New York, California  
 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:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 28, 2010. In a Utilization Review report dated October 10, 2015, the claims administrator failed to approve request for a functional capacity evaluation. The claims administrator referenced a September 25, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 25, 2015, the applicant reported ongoing complaints of low back and left knee pain status post recent epidural steroid injection therapy. The attending provider stated that he was seeking authorization for an updated lumbar MRI and updated functional capacity evaluation. The attending provider stated in the occupation section of the note, the applicant was working "full duty" while then reporting toward the bottom of the note that the applicant was off of work, on total temporary disability. Topical diclofenac and Neurontin were endorsed while the applicant was seemingly kept off of work. The applicant had apparently developed issues with epilepsy, the treating provider reported. It was not stated how (or if) the proposed FCE would influence or alter the treatment plan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient functional capacity evaluation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening.

**Decision rationale:** No, the request for an outpatient functional capacity evaluation (FCE) was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when necessary to translate medical impairment into limitations and restrictions to determine work capability, here, however, the applicant was placed off of work, on total temporary disability, as of the date of the request, September 25, 2015. It did not appear that the applicant had a job to return to. It did not appear that the applicant was intent upon returning to the workplace and/or workforce. It was not clearly stated how (or if) the proposed FCE would influence or alter the treatment plan or the applicant's work status. While page 125 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse usage of a functional capacity evaluation as a precursor to enrollment in the work hardening program, here, however, there was no mention of the applicant's considering or contemplating enrollment in a work hardening program as of the date of the request, September 25, 2015. Therefore, the request was not medically necessary.