

<b>Case Number:</b>	CM15-0204620		
<b>Date Assigned:</b>	11/19/2015	<b>Date of Injury:</b>	04/30/2006
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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  
Certification(s)/Specialty: Emergency 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 43 year old male, who sustained an industrial injury on 4-30-06. The injured worker was diagnosed as having facial trauma and cervical spine sprain and strain with left upper extremity radiculopathy. Treatment to date has included chiropractic treatment and physical therapy. On 8-20-15, the injured worker complained of pain in the cervical spine and left cheek. The treating physician requested authorization for a functional capacity evaluation and an x-ray of the cervical spine. On 9-15-15 the requests were non-certified by utilization review.

### 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 Official Disability Guidelines, Fitness for Duty: Functional Capacity Evaluation.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**Decision rationale:** The requested Functional Capacity Evaluation, is not medically necessary. CA MTUS The American College of Occupational and Environmental Medicine's Occupational Medicine (ACOEM) Practice Guidelines, 2nd Edition (2004) Chapter 7, page 137-138 note in regards to functional capacity evaluations, that "There is little scientific evidence confirming FCEs predict an individual's actual capacity to perform in the workplace." The injured worker has pain in the cervical spine and left cheek. There is no documentation that the patient is at Maximum Medical Improvement. The treating physician has not documented the medical necessity for this evaluation as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met, Functional Capacity Evaluation is not medically necessary.

**X-Ray of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The requested X-Ray of the cervical spine, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 178-179, recommend radiographs only with documented red flag conditions, after conservative treatment trials. The injured worker has pain in the cervical spine and left cheek. There is no documentation that the patient is at [REDACTED] [REDACTED] The treating physician has not documented applicable red flag conditions. The criteria noted above not having been met, X-Ray of the cervical spine is not medically necessary.