

<b>Case Number:</b>	CM15-0208271		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	02/27/2013
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 57 year old female, who sustained an industrial injury on 2-27-2013. Medical records indicate the worker is undergoing treatment for acquired spondylolisthesis, neck sprain-strain and headache. A recent progress report dated 8-21-2015, reported the injured worker complained of neck pain, low back pain and right lower quadrant pain. Physical examination revealed normal muscle tone and strength in bilateral upper extremities. Cervical magnetic resonance imaging showed multilevel disc degeneration. Treatment to date has included lumbar epidural steroid injection, lumbar paraspinal block, lumbar medial branch block, 3 out of 6 physical therapy visits, Gabapentin, Protonix and Tramadol. The physician is requesting a functional capacity evaluation. On 9-22-2015, the Utilization Review non-certified the 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 (Initial) x 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations, pp 132-139.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, Functional capacity evaluations.

**Decision rationale:** The records indicate the patient has chronic neck and low back pain, with pain traveling into the left brachiocervical region and bilateral groins and hips. The current request for consideration is a functional capacity evaluation (initial) x 1. The attending physician provides no indications for the request of the functional capacity evaluation. Regarding Functional/Capacity Evaluation, ACOEM Guidelines page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." In this case, the treating physician does not explain why FCE is crucial, and it is not requested by the employer or the claims administrator. As such, the request for an FCE is not appropriate and not medically necessary.