

<b>Case Number:</b>	CM15-0020038		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	07/10/2014
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 78-year-old female, with a reported date of injury of 07/10/2014. The diagnoses include lumbar strain, L1 vertebral body fracture, chronic pain, thoracic/lumbar neuritis, and low back pain. Treatments have included physical therapy, an MRI of the lumbar spine on 11/04/2014, and oral pain medication. The progress report dated 12/24/2014 indicates that the injured worker had low back pain. The objective findings include decreased range of motion in the lumbar spine in all directions with pain, positive right straight left raise test, and decreased sensory at L5-S1 dermatomes right foot. The treating physician requested a functional capacity evaluation. The rationale for the request was not indicated. The report states that the patient is afraid of kyphoplasty and epidural injections and wants physical therapy. On 01/23/2015, Utilization Review (UR) denied the request for a functional capacity evaluation, noting that the documentation did not show that the injured worker was close or at maximum medical improvement and there was no documentation of failed return to work attempts. The MTUS/ACOEM Guidelines and the non-MTUS Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) functional capacity evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 89-92; Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation

**Decision rationale:** Regarding request for functional capacity evaluation, Occupational Medicine Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, there is no indication that there has been prior unsuccessful return to work attempts, conflicting medical reporting, or injuries that would require detailed exploration. In the absence of clarity regarding those issues, the currently requested functional capacity evaluation is not medically necessary.