

<b>Case Number:</b>	CM15-0034949		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	11/24/2009
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 35-year-old male who sustained a work related injury on November 24, 2009, incurring back injuries, after he slipped and fell off a ladder. He was diagnosed with lumbar discogenic syndrome, cervicalgia with neck pain. He underwent lumbosacral Decompressive laminectomy in 2010, and repeat left lumbosacral surgery in 2013. Treatments include muscle relaxants, pain medications, home exercise program and physical therapy. Currently, the injured worker stated he feels well with very little pain. On examination, he had full range of motion of the lumbar spine. On February 2, 2015, a request for a service of Quantitative Functional Capacity Evaluation (QFCE) to evaluate work restrictions, was non-certified by Utilization Review, noting American College of Occupational and Environmental Medicine Guidelines Chronic Pain Medical Treatment Guidelines, and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Quantitative Functional Capacity Evaluation QFCE to evaluate work restrictions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Functional capacity evaluation (FCE) <http://www.odg-twc.com/>.

**Decision rationale:** According to ODG guidelines, <http://www.odg-twc.com/> Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. See entries for Work conditioning, work hardening in each body-part chapter, for example, the Low Back Chapter. Both job-specific and comprehensive FCEs can be valuable tools in clinical decision-making for the injured worker; however, FCE is an extremely complex and multifaceted process. Guidelines for performing an FCE: Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if: 1) Case management is hampered by complex issues such as: Prior unsuccessful RTW attempts. Conflicting medical reporting on precautions and/or fitness for modified job. Injuries that require detailed exploration of a worker's abilities. 2) Timing is appropriate: Close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. Do not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged. (WSIB, 2003 there is no documentation that the patient is considered for admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job). There is no recent documentation that the patient has significant pain or functional restriction. Therefore, the request for Quantitative Functional Capacity Evaluation QFCE to evaluate work restrictions is not medically necessary.