

<b>Case Number:</b>	CM15-0038112		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	09/08/2010
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

### 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 38 year old male, who sustained an industrial injury on September 8, 2010. He has reported an injury after lifting a saw table. The diagnoses have included lumbar intervertebral disc displacement without myelopathy, myofascial pain syndrome, cervicgia, depression not otherwise specified, and chronic pain syndrome. Treatment to date has included medications, pain management counseling, imaging, electrodiagnostic studies, surgery, aqua therapy, and acupuncture, physical therapy, and function restoration program. Currently, the IW complains of neck and back pain. He rates the neck pain as 6-7/10 and the back pain as 7-8/10. Physical findings are revealed to be an abnormal gait, alternate between sitting and standing during evaluation due to pain, and difficulty with transitioning in motions. The most current evaluation indicated he reported his pain as unchanged. The records indicate the injured worker reporting he was not sure if the pain management counseling sessions were helping. On February 5, 2015, Utilization Review non-certified functional capacity evaluation. The MTUS and ACOEM guidelines were cited. On February 28, 2015, the injured worker submitted an application for IMR for review of 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 Evaluations:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 21 and 80-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty, Functional capacity evaluation (FCE).

**Decision rationale:** Per the ACOEM guidelines cited, a functional capacity evaluation (FCE) can be used to better understand and document the injured worker's (IW) disabling medical condition, and may be necessary to translate medical impairment into functional limitations for determining work capability. However, determining limitations is not really a medical issue, but more an independent assessment of what the IW is currently able and unable to do. Under some circumstances, the FCE can provide guidance as to whether the worker has the ability to stay at work or return to work. According to the ODG, a FCE is recommended prior to admission into a Work Hardening (WH) Program, but is not recommend for routine use as part of occupational rehab, screening, or generic assessment, in which the question is whether the IW can do any job. Based on the available treating physicians' notes, to include a QME, they felt he would benefit from a FCE and functional restoration program. However, the IW is not currently working, and there is no statement of the specific job, or job demands, that would be evaluated using a FCE. Therefore, the request for a functional capacity evaluation is not medically necessary.