

<b>Case Number:</b>	CM15-0038117		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	06/09/2014
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/03/2015
<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

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 65-year-old male, who sustained an industrial injury on 6/9/14. The injured worker has complaints of chronic pain in the cervical and lumbar spines. Physical examination spasm and tenderness are noted over the paravertebral muscles of the cervical and lumbar spine with decreased range of motion with flexion and extension. The diagnoses have included cervical radiculopathy and lumbosacral radiculopathy. The documentation noted on September 29, 2014, the injured worker underwent surgery for removal of the tumor from his lower back. According to the utilization review performed on 2/3/15, the requested Functional capacity evaluation has been non-certified.

### 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:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81, 89-90. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 137-138.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations.

**Decision rationale:** The patient presents with pain and weakness in his neck, lower back and upper/ lower extremities. The request is for FUNCTIONAL CAPACITY EVALUATION. The patient has had physical therapy without significant improvement. MRI from 08/08/14 shows a mass at L1-2 with associated compression of the cauda equine as well as DDD L3-4 and L4-5. The tumor of the lower back was removed in September 2014. The patient has not worked since 07/21/14. MTUS does not discuss functional capacity evaluations. Regarding functional capacity evaluation, ACOEM Guidelines Chapter 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 evaluation. 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 no significant evidence to confirm that FCEs predict an individual's actual capacity to perform in a workplace. ACOEM guidelines do not support FCE to predict an individual's work capacity. ACOEM supports FCE if asked by the administrator, employer, or if it is deemed crucial. In this case, the treater does not explain why FCE is crucial and the request is not generated by the administrator or the employer. Routine FCE's are not recommended as these do not predict the patient's actual capacity to work. Given the lack of the guidelines support for functional captivity evaluation, the request IS NOT medically necessary.