

<b>Case Number:</b>	CM15-0051437		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	06/24/1998
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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: Massachusetts

Certification(s)/Specialty: Anesthesiology, 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 65 year old male, who sustained an industrial injury on 6/24/98. He reported low back pain. The injured worker was diagnosed as having cervical spondylosis with possible superimposed peripheral compressive neuropathy of upper extremities, probable failed back syndrome, lumbar spine post-operative changes and disc protrusion at L5-S1 per MRI on 8/25/11, bilateral L4-5 radiculopathy per electromyography/nerve conduction velocity on 8/26/11, and lumbar spine with pars fractures between L3-4 per x-rays 9/18/13. Treatment to date has included L4 and partial L5 laminotomy and discectomy on 9/25/98, posterior fusion at L4-5 on 5/1/00, anterior cervical discectomy at C4-6 on 5/27/03, right carpal tunnel surgery on 4/29/08, anterior and posterior lumbar fusion on 1/27/12, L5-S1 fusion and laminectomy at L3-4 on 7/11/13, psychiatry visits, epidural steroid injections, a home exercise program, and opiate medications. Currently, the injured worker complains of neck and upper back pain with reduced range of motion and painful movement. Bilateral elbow pain, bilateral wrist/hand pain, and low back pain that radiates to bilateral lower extremities to the feet were also noted. The treating physician noted there was concern about the injured worker's ability to function without lumbar spine surgery and a functional capacity evaluation was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One functional capacity evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluation (FCE). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7, IME p 132-139.

**Decision rationale:** ACOEM Chapter 7, Independent Medical Examinations and Consultations, pages 132-139, indicates that Functional capacity evaluations may be ordered by the treating physician to further assess current work capability if the physician feels that information from such testing is crucial. FCE may establish physical abilities and also facilitate the examinee / employer relationship for return to work. In addition, ODG recommend a FCE prior to admission to a Work Hardening program, especially for assessments tailored to a specific job. According to the documents available for review, there is no indication that the IW has attempted to return to work unsuccessfully or is entering a work hardening program. Thus an FCE would not be helpful. Therefore at this time the requirements for treatment have not been met, and are not medical necessary.