

<b>Case Number:</b>	CM15-0058418		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	11/13/2014
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 33-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 30, 2014. In a Utilization Review report dated March 3, 2015, the claims administrator failed to approve a request for a functional capacity evaluation. Non-MTUS ODG Guidelines were invoked, along with a progress note dated February 19, 2015. The applicant's attorney subsequently appealed. In a handwritten progress note dated February 19, 2015, difficult to follow, not entirely legible, the applicant seemingly presented with ongoing complaints of low back pain. The applicant was asked to continue using a TENS unit. The applicant was also using naproxen and Ultracet. The applicant was placed off of work, on total temporary disability. X-ray imaging of the lumbar spine, urine drug testing, range of motion testing, and a functional capacity evaluation were endorsed through preprinted checkboxes. Little-to-no narrative commentary was attached.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional capacity evaluation of the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations, page 132-139.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

**Decision rationale:** No, the request for a functional capacity evaluation was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when necessary to translate medical impairment into limitations and restrictions and to determine work capability, in this case, however, the applicant was placed off of work, on total temporary disability, as of the date of the request, February 19, 2015. It did not appear that the applicant either had a job to return to and/or was intent on returning to the workplace as of the date at issue. The attending provider's documentation, furthermore, comprised almost entirely of preprinted checkboxes and failed to contain much in the way of narrative commentary so as to support the request at hand. It was not clear, in short, why a functional capacity evaluation was needed in the clinical and/or vocational context present here. Therefore, the request was not medically necessary.