

<b>Case Number:</b>	CM15-0059855		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	05/01/2014
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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, Illinois

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 injured worker is a 24 year old female, who sustained an industrial injury on 5/1/2014. She reported injury from lifting a heavy box. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, lumbosacral sprain, thoracic sprain, lumbar sprain and thoracic or lumbosacral neuritis or radiculitis. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, chiropractic care and medication management. In a progress note dated 2/13/2015, the injured worker complains of pain in the mid/upper and lower back and bilateral shoulders. The treating physician is requesting a 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 Evaluation:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty Functional capacity evaluation (FCE).

**Decision rationale:** The injured worker sustained a work related injury on 5/1/2014. The medical records provided indicate the diagnosis of lumbar disc displacement without myelopathy, lumbosacral sprain, thoracic sprain, lumbar sprain and thoracic or lumbosacral neuritis or radiculitis. Treatments have included physical therapy, chiropractic care and medication management. The medical records provided for review do not indicate a medical necessity for Functional Capacity Evaluation. The records indicate she had Functional Capacity Evaluation in 07/2014 for the same medical problem, the pain has worsened since then, she is still being treated with therapy. The Official Disability Guidelines was used since the topic is not well discussed by the MTUS. The Official Disability Guidelines recommends job specific evaluation rather than general evaluation. The Guidelines recommends corroboration with the employer. Additional requirement include: 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. Based on the fact that the injured worker had an FCE in 07/2014 for the same condition that has at the time of request worsened, the FCE is not medically necessary. Also, the injured workers job was not specified.