

<b>Case Number:</b>	CM15-0084180		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	09/26/2012
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: 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 22-year-old female, who sustained an industrial injury on 09/26/2012. She reported pain in her back. The injured worker is currently working with modifications. The injured worker is currently diagnosed as having congenital spondylolisthesis and lumbago. Treatment and diagnostics to date has included lumbar spine MRI and medications. In a progress note dated 03/12/2015, the injured worker presented for a follow up for lumbar spine pain and also stated her right wrist hurts as well. Objective findings stated the injured worker's triggers were the same. The treating physician reported requesting authorization for a functional capacity evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FCE (Functional Capacity Evaluation):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines page 137- 138.

**MAXIMUS guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines Fitness for Duty Chapter.

**Decision rationale:** According to ODG, Functional Capacity Evaluations may be considered if case management is hampered by complex issues such as prior unsuccessful return to work attempts. In this case, the medical records note that the injured worker is working with modifications and the medical records do not establish that the injured worker is unable to continue working and increasing her duties. The request for FCE (Functional Capacity Evaluation) is not medically necessary and appropriate.