

<b>Case Number:</b>	CM13-0038305		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	05/07/2012
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 24 hours a week in active practice. The physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 7, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; MRI imaging of the lumbar spine, notable for low-grade disc bulges of uncertain clinical significance; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; and work restrictions. It is not clearly stated whether the applicant's limitations have been accommodated or not. In a utilization review report of September 4, 2013, the claims administrator denied the request for a functional capacity evaluation. On September 19, 2013, the attending provider gave the applicant diagnosis of oblique muscle strain, lumbar strain, and gastritis. A rather proscriptive 15-pound lifting limitation was endorsed. This is unchanged as compared to a prior note of August 8, 2013, in which the applicant was again given a rather proscriptive 15-pound lifting limitation. It is stated that a functional capacity evaluation was ordered to assess the applicant's suitability to return to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A functional capacity evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition, Chapter 7.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 Page(s): 125.

**Decision rationale:** As noted on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, a functional capacity evaluation (FCE) can be employed as a precursor to enrolment in a work hardening or work conditioning program. In this case, however, there is no evidence that the applicant is intent on attending a work hardening or work conditioning program. It does not appear that the applicant has a job to return to and/or intends to return to the workplace and/or workforce at this late date, several years removed from the date of injury. It is further noted that chapter 7 ACOEM Guidelines note that FCEs are overly used, widely promoted, and are not necessarily an accurate representation of characterization of what an applicant can or cannot do in the workplace. In this case, it does not appear that the applicant has a job to return to, intends to return to work, and/or plans to return to the workplace. FCE testing is not medically necessary or appropriate, for all of the stated reasons. Therefore, the request remains non-certified, on independent medical review.