

<b>Case Number:</b>	CM14-0148883		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	11/20/2011
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Geriatrics and is licensed to practice in New York. 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/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 injured worker is a man with a date of injury of 11/20/11. He was seen by his primary treating physician on 6/9/14 with complaints of occasional headaches and pain in his cervical, thoracic and lumbar spine. He had loss of sleep and depression / anxiety / irritability. His exam showed decreased and painful cervical range of motion with tenderness to palpation of the cervical paravertebral muscles with spasm and positive cervical compression. He also had tenderness to palpation of the thoracic and lumbar paraspinal muscles with spasm and decreased/painful lumbar range of motion. He had a positive sitting straight leg raise bilaterally. He was also tender to palpation in the left thenar region. His diagnoses were headache, cervical - disc protrusion, muscle spasm, sprain/strain and radiculopathy, thoracic-muscle spasm, sprain/strain and lumbar - disc protrusion, myospasm and musculoligamentous injury and sprain/strain of hand. At issue in this review is the request for authorization of a functional capacity final evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Function capacity final evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, Chapter 7, Independent Medical Examination and Consultation, page(s) 132 - 139 and Official Disability Guidelines (ODG), Fitness for Duty (03/26/2014), Functional capacity evaluation (FCE)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12.

**Decision rationale:** This injured worker has had multiple prior diagnostic studies and treatment modalities. There is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints and injuries. Such evaluations can translate medical impairment into functional limitations and determine work capability. He was already able to participate in physical therapy and aquatic therapy and the records do not support that he has had prior unsuccessful return to work attempts to substantiate the medical necessity for a functional capacity evaluation.