

<b>Case Number:</b>	CM14-0149978		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	04/09/2013
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Family Medicine and is licensed to practice in Ohio. 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 64-year-old female whose date of injury was 4-9-2013. She sustained a twisting injury of her back and subsequently developed back pain radiating down the lower extremities. She was treated conservatively at first. She had several sessions of physical therapy with no improvement. An MRI scan of the lumbar spine revealed multilevel disc herniation with foraminal stenosis and spinal stenosis. She received a lumbar epidural spinal injection with only 20% relief. Electrodiagnostic studies of the lower extremities were normal. The documentation reflects several unsuccessful attempts to send the injured worker back to her job with work modifications. Her physical exam is revealed tenderness to palpation of the lower lumbar musculature and sacroiliac joints, diminished lumbar range of motion, and positive straight leg raise testing. Her diagnosis includes lumbar disc herniation, sciatica and lumbar spinal stenosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional capacity evaluation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 137-138.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter

**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

**Decision rationale:** The ODG recommends functional capacity evaluation prior to admission to a work hardening program. Guidelines for performing an FCE: If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. 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. In this instance, there have been prior unsuccessful attempts to return to work. Additionally, the treating physician documents that the injured worker is close to maximum medical improvement. This is a reversal of the previous decision because there is no indication that the injured worker has retired. In fact, it is the note by the physician from 8-21-2014 which recommends the functional capacity evaluation. Therefore, this request is medically necessary.