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| <b>Case Number:</b>   | CM14-0210685 |                              |            |
| <b>Date Assigned:</b> | 12/23/2014   | <b>Date of Injury:</b>       | 04/12/2013 |
| <b>Decision Date:</b> | 02/19/2015   | <b>UR Denial Date:</b>       | 12/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/16/2014 |

### 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. 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: Utah, Arkansas  
 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 patient is a 46 year-old female. The patient's date of injury is 4/12/2013. The mechanism of injury was described as merchandise falling on her, and striking her body. The patient has been diagnosed with C4-C7 disc herniation with central canal stenosis, Spinal cord impingement, disc deterioration, bilateral foraminal stenosis. The patient's treatments have included imaging studies, physical therapy, chiropractors, injections and medications. The physical exam findings dated August 21, 2014 states she is able to ambulate on her own power. Her strength is noted as 5/5 in the left deltoid and -5/5 in the right deltoid. The grip is reported as normal. Sensation is reported as diminished in the right C5, C6 and C7 dermatomes. The patient's medications have included, but are not limited to, Naproxen, Norco, Mentherm and Tramadol. The request is 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:

**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, 2nd edition, Chapter 7, Independent Medical Examinations and Consultations, pages 132-139, Official Disability Guidelines (ODG), Fitness for duty, Functional capacity evaluation (FCE)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 49.

**Decision rationale:** California MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Functional Restoration Program. The clinical records lack documentation that the patient has undergone a functional capacity evaluation to define objective goals. According to the clinical documentation provided and current MTUS guidelines; a Functional Restoration Program is not indicated as a medical necessity to the patient at this time.