

<b>Case Number:</b>	CM14-0215497		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	01/27/2014
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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: Florida

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 39 year old female who sustained a work related injury on 1/27/2014. She sustained a low back injury while slidding cases of champagne. On a 10/24/14 MRI a larged left central and subarticular zone disc extrusion causing significant effacement of the left lateral recess was identified at L5-S1. Prior treatment has included a 7/15/2014 Left L5 transforaminal epidural steroid injection, physical therapy, a back brace, and medications. An Orthopedic physician has recommended surgery, but the patient previously declined per documentation. She has also refused further lumbar epidural steroid injections. Her work status is described as modified work duty. The patient is noted to remain significantly symptomatic with a persistent deficit in work capabilities. Documentenation indicates that as of 11/14/2014 she saw a new physician who has requested a 2nd MRI and another surgical opinion. A utilization review physician did not certify a request for a Funticonal Capacity Evaluation program since the patient has not been documented to be ready to return to full duty or enter into a work hardening program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PQ functional capacity evaluation qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty updated 3/26/14

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Preplacement and periodic examinations Page(s): page 11-12.

**Decision rationale:** Functional capacity evaluations are recommended if a patient is ready to return to full duty work, but there is conflicting evidence on readiness, or prior to admission to a work hardening program. California MTUS guidelines state, "At present, there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. The preplacement examination process will determine whether the employee is capable of performing in a safe manner the tasks identified in the job-task analysis." MTUS guidelines do not fully support functional capacity evaluations. Also, this patient is currently being referred to a surgical specialist for further evaluation and does not appear to be ready at this time to return to full duty. Likewise, this request for a functional capacity evaluation is not considered medically necessary.