

<b>Case Number:</b>	CM15-0001853		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	11/18/2013
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 44 year old male, who sustained an industrial injury on 11/18/2013. Magnetic Resonance Imaging (MRI) from 2/13/14 revealed disc bulge, disc protrusion, and foraminal stenosis at multiple levels. The report documented complaints of low back pain radiating to right lower extremity associated with numbness and weakness of the leg and foot. Per the PR-2 dated 5/14/13, requests were made for change in Tramadol due to complaints of stomach burning with use, and request for psychological evaluation for complaints of anxiety not relieved with Lorazepam. The PR-2 for dates of service 2/3/14 and 5/16/14, listed as reviewed in the Utilization Review decision letter, were not submitted for this review. The documentation submitted for this review included the Magnetic Resonance Imaging (MRI) results completed 2/13/14, the second page of the PR-2 dated 5/14/13, and medical records from multiple dates of service provided by the Emergency Department regarding unrelated issues. On 12/18/2014 Utilization Review non-certified a FCE (Functional Capacity Evaluation), noting the utilization recommendations for work ability with back problems. The MTUS Guidelines were cited. On 1/5/2015, the injured worker submitted an application for IMR for review of initial FCE Body Part; lumbar spine, lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial functional capacity evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 26 & 54, Chronic Pain Treatment Guidelines Work Hardening Program Page(s): 125-126.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 4-5.. Decision based on Non-MTUS Citation Fitness for Duty.

**Decision rationale:** The MTUs states that to determine fitness for duty, it is often necessary to "medically" gauge the capacity of the individual compared with the objective physical requirements of the job based on the safety and performance needs of the employer and expressed as essential functions. Per the ODG, Guidelines for performing an FCE: Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. 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. A review of the injured workers medical records that are available to me do not describe a purpose or goal for the evaluation and without this it is difficult to establish medical necessity based on the guidelines. Therefore the request for Initial functional capacity evaluation is not medically necessary at this time.