

<b>Case Number:</b>	CM15-0016767		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	11/01/1988
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54 year old male, who sustained an industrial injury on 11/1/1988. Details regarding the initial injury were not submitted for this review. The diagnoses have included lumbago and myalgia. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, and steroid epidural injections. Currently, the IW complains of pain and tightness in low back. Physical examination from 9/10/14 documented lumbar sacral Range of Motion (ROM) with pain past 25 degrees, left gluteal radiculitis past 40 degrees. The plan of care was for epidural steroid injections, repeat Magnetic Resonance Imaging (MRI), and continuation of current medication therapy. On 1/21/2015 Utilization Review non-certified a functional capacity evaluation for the low back, noting the documentation did not support that there was maximum medical improvement (MMI). The ODG Guidelines were cited. On 1/29/2015, the injured worker submitted an application for IMR for review of a functional capacity evaluation for the low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation for The Low Back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 137

**Decision rationale:** The patient presents with lumbago and myalgia. The current request is for Functional Capacity Evaluation for the low back. The treating physician does not state, in any of the records available for review, anything pertaining to the necessity of an FCE for the low back. The ACOEM guidelines state: The examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial...There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. In this case, the treating physician does not explain why FCE is crucial. It is not requested by the employer or the claims administrator. The FCE does not predict the patient's actual capacity to perform in the workplace. The current request is not medically necessary and the recommendation is for denial.