

<b>Case Number:</b>	CM15-0115609		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	12/03/2013
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Texas, California  
 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:

This is a 45 year old female patient who sustained an industrial injury on 12/03/2013. The diagnoses include lumbago, lumbar disc disorder and lumbar radiculopathy. According to the primary treating physician's progress report on April 22, 2014, she had complaints of low back pain which radiates to the right leg; right foot pain. Examination of the lumbar spine revealed tenderness at the bilateral paralumbar muscles and the spinous processes with positive facet loading signs, tenderness over the right lower extremity and normal Gait. Current medications are listed as Norco, OxyContin, Soma, Amitriptyline, Robaxin and Xanax. She has undergone right knee surgery in 2009 and left knee surgery in 2013. She has had lumbar MRI in 2012. She has had physical therapy, lumbar epidural steroid injection and medications for this injury. Treatment plan consists of physical therapy, home exercise program, prescribed medication regimen, lumbar transforaminal epidural steroid injection (ESI) or a nerve branch block and the current request for a Functional Capacity Evaluation (FCE).

### 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 Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Fitness for Duty (updated 04/27/15) Functional capacity evaluation (FCE).

**Decision rationale:** Per the cited guidelines: There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions. Per the cited guidelines above: 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. Any complex issues that hampered case management or prior unsuccessful RTW attempts are not specified in the records provided. Any evidence of conflicting medical reporting on precautions and/or fitness for modified job or any injuries that require detailed exploration of a worker's abilities are not specified in the records provided. Failure to prior conservative therapy including physical therapy visits and pharmacotherapy is not specified in the records provided. The medical necessity of Functional capacity evaluation is not fully established for this patient at this juncture. Therefore, the request is not medically necessary.