

<b>Case Number:</b>	CM15-0178747		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	04/21/2009
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 49 year old male sustained an industrial injury on 4-21-09. The injured worker is being treated for lumbar pain. Treatments to date include MRI testing and prescription medications. The injured worker has continued complaints of low back pain. The pain has affected the injured worker's activity level. An MRI dated 4-2-15 revealed abnormalities of the lumbar spine. Upon examination, cervical and lumbar ranges of motion were reduced. Straight leg raising test was positive bilaterally. A request for FCE (functional capacity evaluation), Lumbar & Cervical spine, with specialist, Qty 1 was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FCE (functional capacity evaluation), Lumbar & Cervical spine, with specialist, Qty 1:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Fitness for Duty - Functional capacity evaluations (FCEs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, p63-64.

**Decision rationale:** The claimant sustained a work injury in April 2009 and is being treated for left arm and chronic low back pain. He has a history of left thumb osteoarthritis treated surgically. When seen, there was decreased and painful cervical and lumbar range of motion with cervical trigger points. There was positive straight leg raising with left lower extremity sensory and motor deficits and an antalgic gait. The claimant has work restrictions of lifting up to 5 pounds but has not returned to work. Although a percutaneous discectomy had been requested, no further treatment is currently being planned. A functional capacity evaluation was requested prior to return to work. A Functional Capacity Evaluation is an option for select patients with chronic pain when a physician thinks the information might be helpful to attempt to objectify worker capability with respect to either a specific job or general job requirements. In this case, no further treatments are being planned. The claimant has work restrictions but has not returned to work. The requested functional capacity evaluation would be used to determine the need for medically necessary work restrictions prior to return to work and is considered medically necessary.