

<b>Case Number:</b>	CM15-0026689		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	07/07/2008
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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, New York, California  
 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back, knee, and leg pain reportedly associated with an industrial injury of July 7, 2008. In a Utilization Review Report dated January 19, 2015, the claims administrator failed to approve a request for functional capacity evaluation. A December 18, 2014 progress note was referenced in the determination, along with non-MTUS Chapter 7 ACOEM Guidelines, which were mislabeled as originating from the MTUS. The applicant's attorney subsequently appealed. On December 18, 2014, the applicant reported persistent complaints of low back pain. The applicant reported difficulty with activities of daily living as basic as sitting, standing, and walking. Ancillary complaints of anxiety and depression were also evident. Tramadol was renewed. The applicant was given a rather proscriptive 20-pound lifting limitation. The attending provider suggested that the applicant pursue a functional capacity evaluation. It was not clearly established for what purpose the functional capacity evaluation was indicated. It was not clearly established whether the applicant was or was not working, although this did not appear to be a case. On October 2, 2014, the applicant reported 7/10 low back pain. The applicant was still using a back brace. The applicant was using topical compounds, quazepam, Prilosec, tramadol, Lipitor, aspirin, Zestril, and metformin. The applicant was status post lumbar spine surgery. The attending provider noted that the applicant had completed a functional restoration program. The attending provider noted that the applicant had developed ancillary complaints of depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Functional Capacity Evaluation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

**Decision rationale:** No, the request for a functional capacity evaluation was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21, does acknowledge that a functional capacity evaluation could be considered when necessary to translate medical impairment into limitations and restrictions to determine work capability, in this case, however, the applicant has already seemingly been given permanent limitations. The applicant does not appear to be working with said limitations in place. It is not clear, thus, why a functional capacity testing is being sought in the clinical and vocational context present here. It was not clearly evident why functional capacity testing was sought in the face of the applicant's seeming failure to return to work. It did not appear that the applicant had a job to return to. Therefore, the request was not medically necessary.