

<b>Case Number:</b>	CM15-0067763		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	06/17/2011
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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

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 47-year-old male, who sustained an industrial injury on 6/17/11. He reported low back pain and left hamstring injury. The injured worker was diagnosed as having sprain/strain of left knee and leg, lumbago, neuralgia, neuritis and radiculitis, thoracic neuritis or radiculitis and status dog bite to left hamstring. Treatment to date has included chiropractic treatment, oral medications including muscle relaxants and NSAIDS, TENS unit, home therapy and activity restrictions. Currently, the injured worker complains of persistent left low back pain with sporadic tingling sensations that radiate down left lower extremity. The injured worker states medications have been helpful in maintaining a certain level of comfort and functionality. Physical exam noted mild pain and tenderness over paralumbar extensors and facet joints on palpation with decreased range of motion. Minimal tenderness at joint lines of knees is also noted. The treatment plan included refilling of oral medications, continuation of TENS unit, ice/heat therapy and request authorization for a functional capacity evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation, (Lumbar Spine, Left Knee): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), performing an FCE.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd ed. Chapter 7, Independent Medical Evaluations pages(s) 137, 138 ODG - Fitness for Duty, Functional Capacity Evaluations.

**Decision rationale:** MTUS Guidelines do not specifically address the medical necessity of Functional Capacity Evaluations (FCEs). Other Guidelines do address this issue and are consistent with their recommendations. FCEs are only recommended if communications are established with an employer and there is a specific job task(s) offered and available. Under these circumstances, the purpose of the FCE is to evaluate the safety and suitability of predetermined job task(s). In this instance, there is no evidence of any employer communications and there is no evidence of predetermined job tasks that have been made available. There are no unusual circumstances that justify an exception to Guideline recommendations. The requested FCE is not medically necessary.