

<b>Case Number:</b>	CM15-0069943		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	09/29/2011
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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:

The injured worker is a 37 year old male who sustained an industrial injury on 09/29/11. Initial complaints include head, neck, upper, mid and low back as well as right leg pain. Initial diagnoses are not available. Treatments to date include back surgery, left carpal tunnel release, physical therapy, medications, injections, and radiofrequency ablation. Diagnostic studies include multiple MRIs. Current complaints include neck pain. Current diagnoses include cervical spondylosis. In a progress note dated 03/09/15 the treating provider reports the plan of care as pain management, a cervical epidural injection, and a functional capacity evaluation. The requested treatment is 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 x 1: 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), Fitness for Duty Functional capacity evaluation (FCE).

**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-related injury in September 2011 and continues to be treated for neck pain. When see, he had worsening symptoms. He had been approved for a cervical epidural steroid injection, which was pending. A Functional Capacity Evaluation is an option for select patients with chronic pain. However, in this case, the claimant has worsening neck pain and an epidural steroid injection is being planned. He is therefore not considered at maximum medical improvement and requesting a Functional Capacity Evaluation at this time is not medically necessary.