

<b>Case Number:</b>	CM15-0072311		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	07/02/2014
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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 30 year old male, who sustained an industrial injury on July 2, 2014. The injured worker has been treated for low back complaints. The diagnoses have included lumbar strain, lumbar degenerative disc disease with disc protrusion and chronic low back pain. Treatment to date has included medications, radiological studies, epidural steroid injections, physical therapy and a home exercise program. Current documentation dated March 17, 2015 notes that the injured worker reported a pressure type low back pain with radiation to the legs which was unchanged. The injured worker received an epidural steroid injection which did not provide him any improvement in leg symptoms. Physical examination of the lumbar spine revealed tenderness and a decreased range of motion. A straight leg raise produced pain. The treating physician's plan of care included a request 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:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 137-138.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for duty chapter: Functional capacity evaluations (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, p64.

**Decision rationale:** The claimant is nearly one year status post work-related injury and continues to be treated for radiating low back pain. A recent epidural injection had not provided improvement. The requesting provider documents having exhausted conservative treatments and no surgical management is being planned. A functional capacity evaluation is being requested to determine the claimant's permanent and stationary work capacity. A Functional Capacity Evaluation is an option for select patients with chronic pain if the information might be helpful in objectifying worker capability with regard to either specific job or general job requirements. In this case, the claimant is at maximum medical improvement and no new treatment is being planned. Obtaining a Functional Capacity Evaluation to determine the claimant's work capacity is therefore considered medically necessary.