

<b>Case Number:</b>	CM15-0074372		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	07/11/2014
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Physical Medicine & Rehabilitation

### 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 26 year old male, who sustained an industrial injury on 7/11/14. He reported pain in his lower back related to lifting a heavy object. The injured worker was diagnosed as having status post lumbar laminectomy and lumbar degenerative disc disease. Treatment to date has included physical therapy, lumbar injections and pain medications. As of the PR2 dated 3/6/15, the injured worker reports 3-4/10 pain in the lower back. He indicated that physical therapy and current medications helped decreased his pain and increase mobility. The treating physician noted and increase in the injured worker's functional condition since the previous examination. The treating physician requested 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:** 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations.

**Decision rationale:** Based on the 03/13/15 progress report provided by treating physician, the patient presents with low back pain with radicular symptoms rated 3-4/10. The request is for FUNCTIONAL CAPACITY EVALUATION. RFA dated 03/17/15 provided. Patient's diagnosis included status post right L5-S1 laminectomy 09/04/14, status post infection requiring surgery 10/21/14, lumbar spine sprain/strain, degenerative disc disease, and protrusions L4-5 and L5-S1. Treatment to date has included physical therapy, lumbar injections and pain medications. Per 03/13/15 treater report, patient's work status is Return to Modified duty. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, page 137-139 states that the "examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." Per 03/13/15 progress report, treater states "I am recommending a final FCE since my patient will be declared P&S on the next visit and has failed to return to full work duties. As a result of the industrial injuries sustained, it is necessary to have a final FCE to translate the medical impairment into functional limitations and determine work capability as recommended by ACOEM. ODG states that FCEs are supported when the individual is close or at MMI and to determine the suitability of a particular job when there have been prior unsuccessful RTW attempts." There is no mention that this request for FCE is from the employer or claims administrator. ACOEM does not support FCE as it does not adequately predict a person's ability to work. The treating physician's estimation is just as good. Although this patient is near P&S per treater, there is no indication that the FCE is crucial. It is apparent that the patient is unable to return to full duties and obtaining FCE is not going to add any additional information that the treater is not already able to assess. The request IS NOT medically necessary.