

<b>Case Number:</b>	CM15-0077307		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	07/05/2012
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: Internal 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 (IW) is a 33-year-old male who sustained an industrial injury on 07/05/2012. Diagnoses include left-sided lumbar radiculopathy, residual disc protrusions at L5-S1 with foraminal/lateral recess narrowing and status post lumbar fusion. Treatment to date has included medications, physical therapy and spinal fusion. Diagnostics included MRIs and electro diagnostic testing. According to the progress notes dated 2/17/15, the IW reported he had not returned to work due to the lack of light duty at his workplace. A request was made for functional capacity evaluation; a functional capacity evaluation dated 2/23/15 was submitted with the request for Independent Medical Review (IMR).

### 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 ACOEM OMPG Second Edition (2004), Chapter 7.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM) 2nd Edition (2004) Chapter 7 Independent Medical Examinations and Consultations Pages 137-138.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses functional capacity evaluation (FCE). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 1 Prevention (Page 12) states that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ACOEM Chapter 7 Independent Medical Examinations and Consultations (Pages 137-138) states that there is little scientific evidence confirming that functional capacity evaluations predict an individual's actual capacity to perform in the workplace. The primary treating orthopedic physician's progress report dated 2/17/15 documented the diagnoses of lumbar radiculopathy, L5-S1 disc protrusions, status post posterior lumbar interbody fusion L5-S1 surgery. MTUS and ACOEM guidelines do not support the medical necessity of a functional capacity evaluation (FCE). Therefore, the request for a functional capacity evaluation is not medically necessary.