

<b>Case Number:</b>	CM15-0099270		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	12/11/2013
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 35 year old male, who sustained an industrial injury on 12/11/2013. He reported low back pain. Diagnoses have included lumbosacral sprain, lumbago, lumbar radiculitis and lumbar spondylosis without myelopathy. Treatment to date has included lumbar medial branch blocks, radiofrequency ablation, sacroiliac joint injections, physical therapy and medication. According to the progress report dated 4/28/2015, the injured worker complained of left, upper back thoracic pain. The injured worker reported that his job as a trainer was no longer available. Current medications included Norco, Mobic and Flexeril. Physical exam revealed diffuse tenderness across the lower back. Lumbar range of motion was restricted. He had positive Waddell signs. Recent lumbar spine magnetic resonance imaging (MRI) demonstrated broad-based disk/osteophyte complexes at L4-5 and L5-S1. Authorization was requested for a Functional Capacity Evaluation for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Program Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

**Decision rationale:** CA MTUS supports functional capacity programs (FCP) to assist in returning patients to work. It is important for the requesting physician to provide as much detail as possible about the potential job in order to provide a more specific recommendation as opposed to a general recommendation. In this case, the documentation provided does not describe a specific occupation for which job duties exist or question whether the patient is able to perform these duties from a musculoskeletal standpoint. The FCP is not intended for workers with sedentary jobs. The job is described as "trainer," which apparently no longer exists. So it is unclear what job the patient is being assessed for. In addition, there is no documentation of failure to return to work attempts to support the necessity of a FRP. Therefore, this request is deemed not medically necessary or appropriate.