

<b>Case Number:</b>	CM15-0099347		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	03/19/2014
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/08/2015
<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: Massachusetts

Certification(s)/Specialty: Anesthesiology, 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 75 year old male who reported an industrial injury on 3/19/2014. His diagnoses, and/or impressions, are noted to include: cervical and lumbar spine strain; right shoulder impingement syndrome; mild cervical end-plate degeneration; closed head trauma with post-concussive syndrome; and right carpal tunnel syndrome. The medical record indicates the acceptable body part, in this claim, to be the head, and to include laceration and vertigo. The history notes 2 additional work injuries, 1 to his left eye in 1996 and the other to his back injury in 2012; also noted is a motor vehicle accident in 12/2013. Recent x-rays of the cervical and lumbar spine are noted on 4/24/2015; no current imaging studies are noted. His treatments have included consultation with a specialist; diagnostic imaging studies; medication management; and rest from work. The progress notes of 4/24/2015 noted a requested evaluation for an industrial injury with the reported complaints of: head, neck, lower back, "multiple", with onset of headaches, vertigo, and left ear/hearing loss. Noted complaints included pain in the neck and back; bilateral lower extremity weakness, right > left; left a buzzing noise in his left ear with hearing difficulty; and daily headaches and migraine pain, upon awakening, and which radiates back-and-forth from the back of his head to his forehead, and is followed by vertigo, nausea, "hyperacusis", dizziness, occasional visual changes, and weakness that is partially relieved by Ibuprofen. Objective findings were noted to include the denial of taking any medications; the report of pain with neck motion; and multiple musculoskeletal findings of pain, decreased sensation and/or decreased range-of-motion. The physician's requests for treatments were noted to include 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 ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, pages 137-138 and Official Disability Guidelines Fitness for Duty Chapter (online version).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluations Page(s): 132.

**Decision rationale:** ACOEM Chapter 7, Independent Medical Examinations and Consultations, pages 132-139, indicates that Functional capacity evaluations may be ordered by the treating physician to further assess current work capability if the physician feels that information from such testing is crucial. FCE may establish physical abilities and also facilitate the examinee / employer relationship for return to work. In addition, ODG recommend a FCE prior to admission to a Work Hardening program, especially for assessments tailored to a specific job. According to the documents available for review, there is no indication that the Injured Worker has attempted to return to work unsuccessfully or is entering a work hardening program. Thus an FCE would not be helpful. Therefore at this time the requirements for treatment have not been met. Therefore the request is not medically necessary.