

<b>Case Number:</b>	CM14-0140555		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	10/22/2013
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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. The expert reviewer is Board Certified in Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 48-year-old male who sustained a work related injury on 10/22/2013 as a result of an unknown mechanism of injury. On his PR-2 dated Aug 19, 2014, the patient presents for clarification of his work status. Apparently the work status provided by NMCI is not specific enough and the patient has brought paperwork provided by work to be filled out. His low back pain is unchanged. Work has been less aggravating to his back pain over time. Periodic stretching during work has been helpful. Ibuprofen was not helpful for pain relief. The only objective finding documented is that the patient's skin is clean, dry and intact. Treatment plan includes a QFCE (Quantitative Functional Capacity Evaluation) 'to address specific work status questions'. In dispute is a decision for a QFCE for the lumbar (spine).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**QFCE (Quantitative Functional Capacity Evaluation for the Lumbar): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd ED. Independent Medical Examinations and Consultations, chapter, pgs. 137-138 Official Disability Guidelines, Fitness for Duty regarding FCE

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Quantitative Functional Capacity Evaluation: The Missing Link To Outcomes Assessment

<https://www.yeomanschiropracticeducation.com/PDF%20files/05QFCEMissingLink.pdf>

**Decision rationale:** Quantitative Functional Capacity Evaluation (QFCE): This is a series of physical examination maneuvers to test a patient's capacity for movement. QFCE identifies key functional pathologies that can be addressed with various treatment approaches such as manipulation, exercise, and patient education. The QFCE introduces an OA instrument that can be used both as an objective barometer for measuring change in function over time ("descriptive"), as well as an aid in driving specific rehabilitation protocols ("prescriptive"). When coupled with the subjective OA instrument(s), the QFCE enables the provider to document changes in symptoms and function over time. It also provides a method for the health care provider to use in making a clinical decision (change treatment approach, refer, discharge with or without permanent residuals, and so forth), depending in part on the QFCE results. The QFCE is not designed to replace but rather complement other qualitative, less "objective" tests such as trigger point and end-feel palpation, postural and gait analysis, and observation of altered movement patterns. Entirely too little information is provided. A single PR-2 regarding a long-standing issue of back pain is insufficient to make an informed decision regarding the request. Unfortunately, I find that it is not medically necessary.