MAXIMUS Federal Services

Case Number:	CM13-0017632		
Date Assigned:	10/11/2013	Date of Injury:	08/19/1973
Decision Date:	01/21/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgeon, has a subspecialty in Spine Surgery and is licensed to practice in California. 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 physician 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 reported an injury on 08/19/2010. The mechanism of injury was being hit by another vehicle while at work. The most recent clinical note dated 09/23/2013 reported the patient continued to have complaints of neck pain that went into bilateral shoulders with greater pain in the right. The patient rated the pain as 5/10. He exhibited difficulty achieving recumbence and rising from recumbence. The patient stated he was depressed and frustrated. There was mention of a possible epidural steroid injection, and surgery. The patient was given Ibuprofen 800mg one twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

functional capacity evaluations with range of motion and muscle testing: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 137-138,Chronic Pain Treatment Guidelines Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th Edition, 2013 Fitness for duty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cornerstones of Disability Prevention and Management (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 5) page 89-92 and Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE).

Decision rationale: California MTUS/ACOEM state a number of functional assessment tools are available, including functional capacity exams and videotapes in reassessing function and functional recovery. Official Disability Guidelines state functional capacity evaluations are recommended prior to admission to a Work Hardening (WH) Program, if there are prior unsuccessful return to work attempts and there are conflicting medical reporting on precautions. Functional capacity evaluations are not used to determine the patient's range of motion and muscle strength. There is no documentation of previously failed return to work attempts made by the patient, and no clinical documentation of the patient having a significant change in his range of motion and or functional ability, and no significant conflict in findings for the patient's abilities or precautions needed. As such the functional capacity evaluation is not medically necessary at this time, therefore, the request for functional capacity evaluation with range of motion and muscle strength is non-certified.

urine drug testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: California MTUS states that urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs, on-going management of opioids, differentiation: dependence & addiction, and screening for risk of addiction. There is no clinical documentation of the patient receiving any opioids, or the physician having noted signs or symptoms to lead them to believe the patient is taking anything other than the prescribed Ibuprofen. As such, a urine drug screen is not medically necessary at this time. Therefore, the request for a urine drug screen is non-certified.