

<b>Case Number:</b>	CM13-0026994		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/08/2010
<b>Decision Date:</b>	03/19/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain associated with an industrial injury sustained on December 8, 2010. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, and work restrictions. It does not appear that the applicant has returned to work with limitations in place, however. A progress note dated August 22, 2013 is notable for comments that the applicant has an operating diagnosis of wrist strain and de Quervain's tenosynovitis. No clear subjective complaints or objective findings are noted. The applicant is asked to obtain an MRI of the cervical spine, consult pain management, and obtain functional capacity testing while remaining off of work, on total temporary disability. A urine drug test is also ordered.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**functional capacity evaluation (FCE):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations

(ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pages 137-138; and the Chronic Pain Medical Treatment Guidelines, page 125.

**Decision rationale:** While the MTUS Chronic Pain Medical Treatment Guidelines supports functional capacity testing as a precursor to enrollment in a work hardening or work conditioning course, in this case there is no evidence that the applicant is intent on attending or enrolling in a work hardening conditioning or work hardening course. The applicant is off of work, on total temporary disability, several years removed from the date of injury, and seemingly has no intention of returning to the workplace and/or workforce. As further noted in the ACOEM guidelines, functional capacity testing is overly used, widely promoted, and not necessarily an accurate representation or characterization of what an applicant can or cannot do in the workplace or workforce. Again, if the applicant is not intent on attending work hardening or work conditioning, etc., it is unclear why an FCE is being sought here. Therefore, the request is not certified, on independent medical review.

**urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** While the MTUS Chronic Pain Medical Treatment Guidelines supports intermittent urine drug testing in the chronic pain population, the MTUS does not establish specific parameters for or a frequency with which to perform urine drug testing. As noted in the ODG, an attending provider should clearly furnish an applicant's complete medication list and medication profile along with any request for authorization for drug testing. An attending provider should also clearly state which drug tests and/or drug panels are being tested for and why. In this case, the attending provider neither furnished a list of those drug tests and/or drug panels which he intended to test for, nor did the attending provider furnish the applicant's medication list along with the request for testing. Therefore, the request is not certified.