

Case Number:	CM14-0010128		
Date Assigned:	02/21/2014	Date of Injury:	10/18/2013
Decision Date:	06/26/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/24/2014

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 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 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 56-year-old female who has submitted a claim for questionable lumbar spine herniated nucleus pulposus, and plantar fibromatosis of the right foot associated with an industrial injury date of October 18, 2013. The medical records from 2013 were reviewed. Patient complained of low back pain radiating to the right leg, rated 5/10 in severity, associated with numbness or tingling sensation. Pain was aggravated by prolonged standing, walking, and climbing stairs. Physical examination revealed no gross deformity. There was mild tenderness over the heel with full range of motion. Gait was slightly antalgic. Range of motion of the lumbar spine was restricted on all planes. Motor strength of S1 myotome was graded 5-/5. Sensation and reflexes were diminished. The patient returned to regular duty on 10/13/2013. However, on 10/31/2013, she was unable to work due to severe pain and discomfort. She was unemployed since then. Patient has been deemed with temporary total disability. The treatment to date has included intake of medications such as naproxen, pantoprazole, Tylenol, and tramadol. A utilization review from January 13, 2014 denied the requests for functional capacity evaluation due to lack of documentation on any successful return to work attempts; and DNA lab test because guidelines do not support the use of cytokine DNA testing for the diagnosis of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE FUNCTIONAL CAPACITY EVALUATION: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Section, Functional Capacity Evaluation; American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 132-139

Decision rationale: As stated on pages 132-139 of the CA MTUS ACOEM Guidelines, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. FCEs may establish physical abilities and facilitate the return to work. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. Furthermore, ODG states that it is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. FCE may be considered when there is a prior unsuccessful return to work attempt. In this case, patient was initially employed as a grape picker which entails packing, carrying, pushing, and pulling trays of grapes approximately 15 to 50 pounds. Patient returned to regular duty on 10/13/2013. However, on 10/31/2013, she was unable to work due to severe pain and discomfort at the right foot; she was unable to return to work since then. Patient has been deemed with temporary total disability. The guideline criteria were met given the details provided concerning her job duties and an unsuccessful attempt to return to work. Therefore, the request for functional capacity evaluation is medically necessary.

ONE DNA LAB TEST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Page(s): 42.

Decision rationale: According to page 42 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that cytokine DNA testing is not recommended. There is no current evidence to support its use for the diagnosis of pain, including chronic pain. In addition, ODG states that genetic testing for potential opioid abuse is not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. In this case, medical records submitted and reviewed did not provide rationale for this request. There was no discussion concerning genetic predisposition towards addiction and opioid tolerance. The medical necessity has not been established. Therefore, the request for one DNA lab test is not medically necessary.