

<b>Case Number:</b>	CM14-0112394		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/12/2002
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 54-year-old female with a 7/22/02 date of injury. At the time (6/17/14) of the request for authorization for x-ray of the lumbar spine, functional capacity evaluation, and urinalysis for toxicology test, there is documentation of subjective (lower back pain, soreness and numbness left leg) and objective (tenderness to the lumbar spine with paraspinal spasms left greater than right, limited lumbar range of motion, hypoesthesia to left L3 to S1 dermatome, and tenderness to the thoracic with paraspinal spasm left greater than right) findings, current diagnoses (status post (4x) lumbar surgery, myospasm, and thoracic sprain/strain), and treatment to date (not specified). Regarding x-ray of the lumbar spine, there is no documentation of red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, do not respond to treatment, and who would consider surgery; and thoracic spine trauma, severe trauma, pain, no neurological deficit or neurological deficit; lumbar spine trauma with pain, tenderness, neurological deficit, or seat belt (chance) fracture; uncomplicated low back pain with trauma, steroids, osteoporosis, and over 70 or suspicion of cancer or infection; myelopathy that is traumatic, painful, of sudden onset, or an infectious disease or oncology patient; or to evaluate the status of fusion. Regarding functional capacity evaluation, there is no documentation indicating case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified). Regarding urinalysis for toxicology test, there is no documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **X-Ray of The Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 and 304 and table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Radiography (x-rays).

**Decision rationale:** MTUS reference to ACOEM identifies documentation of red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, do not respond to treatment, and who would consider surgery, as criteria necessary to support the medical necessity of imaging. ODG identifies documentation of thoracic spine trauma, severe trauma, pain, no neurological deficit or neurological deficit; lumbar spine trauma with pain, tenderness, neurological deficit, or seat belt (chance) fracture; uncomplicated low back pain with trauma, steroids, osteoporosis, and over 70 or suspicion of cancer or infection; myelopathy that is traumatic, painful, of sudden onset, or an infectious disease or oncology patient; or to evaluate the status of fusion, as criteria necessary to support the medical necessity of lumbar x-rays. Within the medical information available for review, there is documentation of diagnoses of status post (4x) lumbar surgery, myospasm, and thoracic sprain/strain. However, there is no documentation of red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, do not respond to treatment, and who would consider surgery. In addition, there is no documentation of thoracic spine trauma, severe trauma, pain, no neurological deficit or neurological deficit; lumbar spine trauma with pain, tenderness, neurological deficit, or seat belt (chance) fracture; uncomplicated low back pain with trauma, steroids, osteoporosis, and over 70 or suspicion of cancer or infection; myelopathy that is traumatic, painful, of sudden onset, or an infectious disease or oncology patient; or to evaluate the status of fusion. Therefore, based on guidelines and a review of the evidence, the request for X-ray of the Lumbar Spine is not medically necessary.

### **Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Functional Capacity Evaluation.

**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, Functional capacity evaluation (FCE) American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 137-138.

**Decision rationale:** MTUS reference to ACOEM guidelines identifies that functional capacity evaluations (FCE) may establish physical abilities and also facilitate the examinee/employer relationship for return to work. ODG identifies documentation indicating case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified), as criteria necessary to support the medical necessity of a functional capacity evaluation. Within the medical information available for review, there is documentation of diagnoses of status post (4x) lumbar surgery, myospasm, and thoracic sprain/strain. However, there is no documentation indicating case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified). Therefore, based on guidelines and a review of the evidence, the request for Functional Capacity Evaluation is not medically necessary.

**Urinalysis for Toxicology Test:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of status post (4x) lumbar surgery, myospasm, and thoracic sprain/strain. However, there is no documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment. Therefore, based on guidelines and a review of the evidence, the request for urinalysis for toxicology test is not medically necessary.