

Case Number:	CM14-0149522		
Date Assigned:	09/18/2014	Date of Injury:	06/24/2013
Decision Date:	12/26/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/15/2014

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 applicant is [REDACTED] employee who has filed a claim for chronic low back pain, mid back pain, anxiety disorder, and psychological stress reportedly associated with an industrial injury of June 24, 2013. In a Utilization Review Report dated August 15, 2014, the claims administrator failed to approve request for a functional capacity evaluation, urine drug test, thoracic MRI, and TENS unit. The applicant's attorney subsequently appealed. On the IMR application, however, it appeared that only the FCE and urine drug screens were specifically appealed. In a handwritten note dated July 30, 2014, difficulty to follow, not entirely legible, the applicant reported ongoing complaints of neck, mid back, and low back pain, 7-8/10. Eight sessions of physical therapy, neurosurgery referral, psychiatry referral, functional capacity evaluation, extracorporeal shockwave therapy, and work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place. Topical Mentherm and omeprazole were apparently prescribed. In a July 1, 2014 progress note, the applicant again reported ongoing complains of neck, mid back, and low back pain. Mentherm, Flexeril, Naprosyn, and Prilosec were endorsed, along with FCE testing, an orthotropic referral, psychological referral, eight sessions of physical therapy, and pain management consultation. Topical compounds were also dispensed, it was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCE (Functional capacity evaluation): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21, Chronic Pain Treatment Guidelines Work Conditioning topic. Page(s): 125.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 2, page 21 does acknowledge that FCE testing can be considered when needed to translate medical impairment into limitations and restrictions, in this case, however, it was not clearly stated why formal quantification of the applicant's abilities and/or capabilities via a functional capacity evaluation was needed or indicated. It was not clearly stated on either the attending provider's handwritten progress notes, referenced above, whether the applicant was or was not working with limitations in place. It was not clearly stated whether the applicant had a job to return to, was presently working, and/or how the proposed FCE would influence the treatment plan. While page 125 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse some role for FCE testing as a precursor to pursuit of work hardening program, in this case, however, there was no mention that the applicant's actively considering or contemplating a work conditioning or work hardening program. Therefore, the request is not medically necessary.

UDS (Urine drug screen): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine Drug Screen

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines ODG Chronic Pain Chapter, Urine Drug Testing topic

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that intermittent drug test is recommended in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in ODG's Chronic Pain Chapter Urine Drug Testing topic, however, the attending provider should clearly state what drug tests and/or drug panels are being tested for, attach the applicant's complete medication list to the Request for Authorization for testing, and attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing testing. Here, however, it was not stated what drug tests and/or drug panels are being sought. It was not stated when the applicant was last tested. The applicant's complete medication list was not seemingly attached to the Request for Authorization (RFA). Therefore, the request is not medically necessary.