

Case Number:	CM14-0192095		
Date Assigned:	11/25/2014	Date of Injury:	06/30/2002
Decision Date:	01/12/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/17/2014

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 Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 48 year old male with the injury date of 06/30/2002. The patient presents with pain in his neck, left side worse than right side. His neck pain radiates up to his head and causes frequent occipital headaches and radiates down his shoulders with muscle spasms and arms bilaterally with tingling or numbing sensations. The patient rates his pain as 5-9/10 on the pain scale, aggravated by his activities. The patient presents limited range of neck motion. His cervical flexion is 30 degrees, extension is 17 degrees, left lateral bending is 31 degrees, right lateral bending is 29 degrees and rotation is 30 degrees. The patient received aqua therapy, physical therapy, acupuncture and injections for his neck and shoulders with no relief. The MRI from 03/22/2010 reveals stenosis at C4-5 and C5-6. The X-ray from 10/30/2014 shows 1) straightening of the cervical lordosis with restricted range of motion on extension view which may be positional or reflex an element of myospasm 2) decreased disc height at C4-5 and C5-6 3) Degenerative anterior inferior endplate osteophytes off the endplates of C2. Per 11/06/2014 progress report, the patient returns to modified duties on 11/06/2014 with restrictions such as limited kneeling and/or squatting, limited sitting and no lifting. Diagnoses on 10/30/2014 1) Cervical spine sprain/strain rule out C6-7-8 radiculopathy. S/P anterior fusion C4-5 and C5-6 8/2009. S/P Arthroplasty C3-4, C6-7 on 12/17/2012 with persistent pain 2) Thoracic spine sprain 3) No specific shoulder pain 4) Gastritis due to medications The utilization review determination being challenged is dated on 11/11/2014. Treatment reports were provided from 04/09/2014 to 11/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Function Capacity Evaluation Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 137-138..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7, pages127, Functional Capacity Evaluation.

Decision rationale: The patient presents with persistent neck pain, radiating down his shoulders and arms from repetitive sprain/ strain injury. The patient is s/p anterior fusion at C4-5 and C5-6 in August 2009 and disc replacement at C3-4 and C6-7 in December 2012. The request is for initial functional capacity evaluation. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, was not adopted into MTUS, but would be the next highest-ranked standard according to LC4610.5(2)(B). ACOEM does not appear to support the functional capacity evaluations and states: "Functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions." The functional capacity evaluation does not appear to be in accordance with ACOEM guidelines. It further states that the employer or claim administrator may request FCE or if the physician feels the information from such testing is crucial. In this case, the treater does not explain why FCE is crucial and the request is not generated by the administrator or the employer. Given the lack of the guidelines support for functional capacity evaluation, the request is not medically necessary.

Urine Drug Testing Qty:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain.

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

Decision rationale: The patient presents with persistent neck pain, radiating down his shoulders and arms from repetitive sprain/ strain injury. The patient is s/p anterior fusion at C4-5 and C5-6 in August 2009 and disc replacement at C3-4 and C6-7 in December 2012. The request is for urine drug testing. Per 10/30/2014 progress report, the patient has been utilizing Tylenol, Motrin,

Lyrica, Ranitidine, Omega 3 capsule and Valium. MTUS guidelines Recommends toxicology exam as an option, using a urine drug screen to assess for the use or the presence of illegal drugs or steps to take before a therapeutic trial of opioids. While MTUS Guidelines do not specifically address how frequent Urine Drug Screening (UDS) should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, the utilization review letter on 11/11/2014 indicates that that the patient has not had urine toxicology in the past 12 months. There are no reports that specifically discuss this request. Most importantly, the patient is not on any opiates requiring urine toxicology. The request is not medically necessary.