

<b>Case Number:</b>	CM14-0038668		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	05/15/2012
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 claimant was injured on 05/15/13. A urine analysis and functional capacity evaluation are under review. She has been treated for low back and right and hip pain. Urine analysis was ordered on 02/06/14. At that time the claimant was on Naprosyn and Prilosec. She had returned to full duty. A functional capacity evaluation was also recommended. On 02/06/14, she had frequent moderate pain that was aggravated by prolonged sitting. She had frequent moderate right knee and low back pain. She had mild elbow pain on and off. She had a normal gait. Her low back pain radiated to the right hip. MRI of the lumbar spine showed uterine fibroids. She had tenderness of the right low back. Acupuncture, topical creams, Naprosyn and Prilosec were ordered along with urine analysis and a functional capacity evaluation. She has attended physical therapy. She was previously prescribed tramadol and had received an impairment rating. On 02/04/14, the diagnoses were lumbar strain and right hip trochanteric bursitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Analysis:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Tests Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Harrison's Principles of Internal Medicine, various chapters.

**Decision rationale:** The history and documentation do not objectively support the request for a urine analysis. The CA MTUS state that drug testing may be "recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Harrison's Principles of Internal Medicine support urine analysis for medical conditions but the indications should be identified. There is no documentation of any other medical problems for which a urinalysis appears to be indicated, either. In this case, the claimant was only taking Naprosyn and Prilosec and compliance with medication prescriptions does not appear to have been the indication. There is no evidence of any suspicion of illegal drug use or other questions about medication use to support this test. No indications for a urine drug screen were mentioned in the records that were submitted for review. The medical necessity of a urine analysis has not been clearly demonstrated.

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Guidelines for performing a FCE

**Decision rationale:** The history and documentation do not objectively support the request for a Functional Capacity Evaluation (FCE). The MTUS do not address functional capacity evaluations and the ODG state the following "Guidelines for performing an FCE:Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job.If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. 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. The report should be accessible to all the return to work participants.Consider an FCE if1) Case management is hampered by complex issues such as: - Prior unsuccessful RTW (return to work) attempts. - Conflicting medical reporting on precautions and/or fitness for modified job. - Injuries that require detailed exploration of a worker's abilities. 2) Timing is appropriate: - Close or at MMI (maximum medical improvement)/all key medical reports secured. - Additional/secondary conditions clarified. Do not proceed with an FCE if - The sole purpose is to determine a worker's effort or compliance. - The worker has returned to work and an ergonomic assessment has not been arranged. (WSIB, 2003)"In this case, there is no indication that the FCE is to assist in return to work or for setting goals prior to admission to a work hardening or other multidisciplinary rehabilitation program. There is no evidence of prior unsuccessful return to work attempts or conflicting reports on the claimant's capabilities. The claimant has already returned to full work and no problems have been identified. The indication(s) for this evaluation are unclear and none can be ascertained from the records. The medical necessity of this request for an FCE has not been demonstrated.

