

<b>Case Number:</b>	CM14-0086160		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	01/05/2008
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Medicine and Rehabilitation 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 injured worker is a 58-year-old female who reported injury on 01/05/2008. The mechanism of injury was the injured worker was removing a very large, heavy steel container of food from the oven and the rack came down and out of the oven and landed on the injured worker's forearm and wrist and the injured worker sustained burns to her arms. The injured worker was noted to undergo previous urine drug screens. The surgical procedures were not provided. The injured worker's medications were noted to include Vicodin 5/300 mg, Norco 7.5/325 mg, and Menthoderm gel 240 g. The injured worker has undergone MRIs and x-rays. The documentation of 04/23/2014 revealed the injured worker had complaints of pain in the neck, mid/upper/low back, right shoulder, arm, and right elbow and forearm. The injured worker had complaints of pain and numbness in the right wrist and hand. The objective findings revealed the injured worker had grade 3 tenderness to palpation over the paraspinal muscles which had remained the same since the last visit. The injured worker had restricted range of motion and a cervical compression test was positive. The injured worker had grade 3 tenderness to palpation over the paraspinal muscles in the thoracic and lumbar spine, and grade 3 tenderness to palpation in the right shoulder, right arm, right forearm, right wrist, and right hand. There were noted to be no changes on the neurocirculatory examination. The diagnostic impression included history of bilateral temporomandibular joint syndrome, cervical spine/thoracic spine/lumbar spine musculoligamentous sprain/strain, cervical spine and lumbar spine discogenic disease, severe cervical spine and lumbar spine radiculopathy, right shoulder sprain/strain and impingement syndrome tendinosis, right elbow epicondylitis and tendinosis, right wrist sprain/strain and chronic overuse syndrome, and situational depression. The treatment plan included a physical performance functional capacity evaluation to ensure the injured worker could safely meet

physical demands of her occupation and a urine toxicology screen. There was a Request for Authorization form submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Functional Capacity Evaluation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation ODG) Fitness for Duty Chapter, FCE.

**Decision rationale:** The American College of Occupational and Environmental Medicine guidelines indicate there is a functional assessment tool available and that is a Functional Capacity Evaluation, however, it does not address the criteria. As such, secondary guidelines were sought. The Official Disability Guidelines indicates that a Functional Capacity Evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the patient had an injury that required a detailed exploration of a workers abilities, a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. The clinical documentation submitted for review failed to indicate the injured worker had a prior unsuccessful attempt to return to work and there was a lack of documentation indicating the injured worker had all secondary conditions clarified. Given the above, the request for Functional Capacity Evaluation is not medically necessary.

**Urine Toxicology Testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management, page 78 Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend urine drug screens are appropriate for injured workers who have documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to provide documentation of the injured worker's current medications to support the necessity for a urine drug screen. Additionally, there was a lack of documentation indicating the injured worker had issues of abuse, addiction, or poor pain control. Given the above, the request for a urine toxicology screen is not medically necessary.