

Case Number:	CM13-0043978		
Date Assigned:	12/27/2013	Date of Injury:	03/24/2003
Decision Date:	01/28/2015	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/25/2013

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 Rehab, has a subspecialty in Pain 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 injured worker is a 50 year-old male with a date of injury of March 24, 2003. The patient's industrially related diagnoses include cervicalgia and lumbago. A lumbar spine MRI done on 5/27/2010 and a second one on 6/3/2013 showed varying degrees of disc desiccation throughout the lumbar spine, most notably at L3-4 and L5-S1. The disputed issues are functional restoration program and urine toxicology screen. A utilization review determination on 10/17/2013 had non-certified these requests. The stated rationale for the denial was: "Most recent progress note dated 10/2/2013 revealed the claimant presented with complaints of pain in the neck and back, headaches, and depression. Objective findings noted the claimant is a poor historian, somewhat cooperative. Strength, sensation, and DTR's are intact, negative straight leg raise. It was recommended the claimant undergo functional restoration program.... Medical necessity is not supported, as documentation does not find that the claimant has had a thorough evaluation for program participation or identify the claimant has specific functional/vocational goals. Documentation does not identify specific barriers that would present work force reintegration at current state. A detailed history and physical examination is not provided for review and there is no description of prior failed conservative treatments to date. Documentation provided for review is insufficient to establish the medical necessity of an extensive rehabilitation program with FRP. Documentation does not identify a prescription for narcotics or intent to prescribe and there is no medication list included in the provided documentation. Dates and results of prior UDS are not provided to determine the frequency of this request. Medical necessity is not supported based on the provided documentation."

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34 and 49 of 127.

Decision rationale: Regarding the request for a functional restoration program (FRP), California MTUS supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Within the submitted medical records available for review, there was no documentation that an adequate and thorough evaluation has been made including baseline functional testing, no statement indicating that other methods for treating the injured worker's pain have been unsuccessful, no statement indicating that the injured has lost the ability to function independently, and no statement indicating that there are no other treatment options available. Additionally, there is no discussion regarding motivation to change and negative predictors of success. Furthermore, the guidelines recommend a two-week trial to assess the efficacy of a functional restoration program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The current request did not provide a specific amount of weeks for the FRP. Based on the lack of documentation, the currently requested functional restoration program is not medically necessary.

Urine Tox Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

Decision rationale: Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the submitted medical records available for review, there is no documentation that the injured worker was prescribed an opiate medication or that there was intent to initiate

opiate therapy to warrant a urine toxicology test. Furthermore, there was no documentation indicating whether a previous urine toxicology test was completed to determine if the frequency of the testing is according to the guidelines. Based on the lack of documentation, the medical necessity for the urine toxicology test could not be established.