

Case Number:	CM14-0202345		
Date Assigned:	12/12/2014	Date of Injury:	04/24/2012
Decision Date:	02/05/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/03/2014

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 Rehab, 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 42 year-old female with a 4/24/12 date of injury. 1101 pages of medical records and utilization review reports are provided for review. According to the 11/25/14 occupational medicine report, she presents with 7/10 pain in the bilateral hips and 6/10 pain in the cervical spine, lumbar spine, both shoulders, both wrists, both feet and ankles. The patient is reported to be using tramadol 50mg q12 hr for pain. The 11/7/14 report states a urinalysis was performed to monitor compliance and illicit drug use. Prior urine drug testing were performed on 10/3/07, 7/30/14, 7/1/14, 6/3/14, 5/5/14, and 4/3/14. The requests presented to IMR include Functional capacity evaluation, once a week for 3 weeks for neck sprain, Rheumatologist consultation and the urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation, once a week for 3 weeks for neck sprain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Functional Capacity Evaluation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Independent Medical Examinations and Consultations, page 137-139

Decision rationale: This request is for functional capacity evaluation, once a week for 3 weeks for neck sprain. MTUS Chronic Pain Guidelines and MTUS/ACOEM chapter guidelines did not provide details on Functional capacity evaluations. ACOEM Chapter 7 was not adopted into the MTUS guidelines, but does have relevant information related to Functional capacity evaluations. ACOEM chapter 7, page 137-138 states: "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 ACOEM guidelines do not support the use of FCE, as these can be deliberately simplified based on multiple assumptions and subjective factors, and do not predict an individual's actual capacity to perform in the workplace. The request for functional capacity evaluation, once a week for 3 weeks for neck sprain is not medically necessary.

Rheumatologist consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Independent Medical Examinations and Consultations, page 137-139

Decision rationale: This request is for Rheumatologist consultation. The mechanism of onset appears to be cumulative trauma, however, the patient has only worked at the facility for 1 year. The physician notes pain over the cervical spine, lumbar spine, both shoulders, both wrists, both hips, both ankles/feet. The patient was reported to have impingement syndrome in the shoulders and TFCC tear in the wrists, but there is no discussion of what could be causing the neck, back, bilateral hip and bilateral ankle complaints. MTUS Chronic Pain guidelines and MTUS/ACOEM chapter guidelines did not provide details on consultations. ACOEM Chapter 7 was not adopted into the MTUS guidelines, but does have relevant information related to Consultations. ACOEM chapter 7, page 137-138 states: The consultation is "To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work."The rheumatology consult may provide an opinion that could start to move the case forward. The request for a rheumatology consultation is medically necessary.

Urine chromatography test: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 for Urine Drug Testing.

Decision rationale: This request is for a urine chromatography test. The 11/7/14 report states a urinalysis was performed to monitor compliance and illicit drug use. Prior urine drug testing were performed on 10/3/07, 7/30/14, 7/1/14, 6/3/14, 5/5/14, and 4/3/14. The reports do not discuss whether or not the patient is above low-risk for aberrant drug behavior. The patient is apparently only taking tramadol for pain, and prior drug screens were negative for illicit drug use. MTUS Chronic Pain Medical Treatment Guidelines, for Drug Testing, page 43 recommends drug testing as an option. The issue appears to be the frequency of UDT. MTUS does not specifically discuss the frequency that UDT should be performed. ODG is more specific on the topic and in the Pain chapter for Urine Drug Testing states: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. The request for the Urine chromatography test without rationale or discussion of unexpected results or any inconsistent results from the qualitative urine test is not in accordance with ODG guidelines. The request for the Urine chromatography test is not medically necessary.