

<b>Case Number:</b>	CM14-0066458		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	02/16/2014
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 Rehab, has a subspecialty in Pain Management 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 30 year old male with date of injury 2/16/14. The treating physician report dated 3/12/14 indicates that the patient presents with pain affecting the neck and with numbness and tingling radiating into the right upper extremity. There is right shoulder pain and intermittent right-sided chest pain. The physical examination findings of the cervical spine reveal tenderness and spasm on the bilateral paraspinals, suboccipital and upper trapezius, tenderness and spasm on the bilateral paraspinals of the thoracic spine, and tenderness and spasm on the bilateral upper trapezius and rhomboid. There is mottling, 1+ swelling and vasomotor instability upon inspection of the wrist/hand. Prior treatment history includes x-rays, medication, physical therapy, and injection. The current diagnoses are: 1.Cervical spine sprain/strain with radiation to the right upper extremity2.Thoracic spine sprain/strain3.Right shoulder sprain/strain4.Chest pain5.Anxiety/depression6.InsomniaThe utilization review report dated 4/11/14 denied the request for a functional capacity evaluation based on lack of documentation of previous unsuccessful return-to-work attempts. The utilization review report dated 4/11/14 denied the request for a urine drug screen based on lack of documentation that the patient is on controlled medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Urine Drug Testing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Steps to take before a therapeutic trial of opioids Page(s): 77.

**Decision rationale:** The patient presents with neck, right shoulder and intermittent right-sided chest pain. The current request is for urine drug screen. The treating physician provided an RX order form dated 5/14/14, which is dated after the utilization review report of 4/11/14, prescribing Hydrocodone/APAP 2.5/325 mg #90. The MTUS guidelines state that the treating physician should "consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." In this case, the treating physician does prescribe an opioid and is ordering a urine drug screen to monitor, which is recommended by MTUS guidelines and there is no documentation provided to indicate that a UDS has previously been performed this year. Recommendation is medically necessary.

**Functional capacity evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, FCE, page 137-138, and on the Non-MTUS Official Disability Guidelines (ODG), Fitness for Duty regarding FCE, and on the Non-MTUS State of Colorado Guidelines, regarding FCE for the low back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, Functional Capacity Evaluation (FCE), page 137

**Decision rationale:** The patient presents with neck, right shoulder and intermittent right-sided chest pain. The current request is for a functional capacity evaluation. The treating physician states that a functional capacity evaluation needs to be performed for the purpose of determining if this patient is able to return to his usual and customary occupation. The ACOEM guidelines state, "The examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." In this case, the treating physician does not explain why FCE is crucial. It is not requested by the employer or the claims administrator. The FCE does not predict the patient's actual capacity to perform in the workplace. Recommendation is for denial.