

Case Number:	CM14-0098656		
Date Assigned:	07/28/2014	Date of Injury:	03/15/2013
Decision Date:	01/08/2015	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/26/2014

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:

This is a 46-year-old male with a 3/15/13 date of injury. The patient was seen on 3/12/14 with complaints of soreness to the lumbar spine. The progress note stated that the patient had some improvement since last visit and that he was able to bend over more. Exam findings revealed tenderness to the lumbar spine. The diagnosis is displacement of lumbar disc without myelopathy and annular tear. Treatment to date: Work Restrictions, Physical Therapy and Medications. An adverse determination was received on 6/5/14 for a lack of red flags and significant positive objective orthopedic/neurologic findings; documented drug misuse and documentation that the patient was anticipating to return to full duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal decompression 2x6 to the lumbar spine: 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) Treatment in Workers Compensation (TWC), Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: CA MTUS states that surgical intervention is recommended for patients who have severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and failure of conservative treatment. However there is a lack of documentation indicating that the patient had symptoms of radiculopathy. In addition, the physical examination did not reveal any objective signs of radiculopathy. Lastly, the imaging or studies electrodiagnostic indicating neural compromises were not available for the review. Therefore, the request for Spinal decompression 2x6 to the lumbar spine is not medically necessary.

Urine toxin screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Urine testing in in ongoing opiate management Page(s): 43, 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. However, there is a lack of documentation indicating that the patient was utilizing opioids. In addition, there are no notes stating that the patient's pain was poorly controlled and that the provider suspected substance misuse. Therefore, the request for Urine toxin screen is not medically necessary.

(FCE) Functional Capacity Evaluation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); (Fitness for Duty Chapter), FCE; American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Clinical Topics: ACOEM Chapter 7 Independent Medical Examinations and Consultations (pages 132-139).

Decision rationale: CA MTUS states that 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. In addition, ODG states that an FCE should be considered when case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job), injuries that require detailed exploration of a worker's abilities, timing is appropriate (Close to or at

MMI/all key medical reports secured), and additional/secondary conditions have been clarified. However, there is a lack of documentation indicating that the patient had unsuccessful attempts to return to work and there is a lack of documentation from the patient's employer indicating the need for a FCE. Therefore, the request for Functional Capacity Evaluation is not medically necessary.