

<b>Case Number:</b>	CM15-0136755		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	04/27/2015
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 51 year old female, who sustained an industrial injury on 4/27/15. The injured worker has complaints of lower back pain and right leg pain. The documentation noted that the injured worker has complaints of right shoulder and neck pain and reports that these injuries are not in the claim form. The documentation noted in 2001 to 2002 the injured worker reported having suffered a lower back injury from repetitive movement of lifting heavy boxes and had to undergo surgery to repair her back and receive medical attention but stated that it did not fully recovery from this injury. The documentation noted that the injured workers straight left raise seated test is positive on the right at 55 degrees. The documentation noted at levels L3-L4, L4-L5, L5-S1 (sacroiliac) and S1 (sacroiliac), palpation reveals moderate paraspinal tenderness and spasms bilaterally. The diagnoses have included severe low back pain; lumbosacral radiculopathy and sacroiliac joint pain. Treatment to date has included rest; activity modifications; physical therapy; heat; percocet; norco; flexeril and naproxen. The request was for toxicology-urine drug screen baseline urinalysis to help monitor compliance with prescribed medication; autonomic nervous system function test and physical therapy baseline functional capacity evaluations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toxicology-urine drug screen baseline urinalysis to help monitor compliance with prescribed medication:** Overturned

**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 rationale:** Regarding the request for a urine toxicology test (UDS), 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 non-adherent) 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 documentation available for review, it appears the patient is on controlled substance medication. Additionally, there is no identification of a recent urine drug screen. As such, the currently requested urine toxicology test is medically necessary.

**Autonomic nervous system function test:** 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) Pain Chapter, CRPS diagnostic tests.

**Decision rationale:** Regarding the request for autonomic testing, California MTUS and ACOEM do not contain criteria for autonomic testing. ODG states that autonomic testing is not generally recommended. Within the documentation available for review, no peer-reviewed scientific literature has been provided supporting use of autonomic testing for this patient's diagnoses. In the absence of such documentation, the currently requested autonomic testing is not medically necessary.

**Physical therapy baseline FCE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation.

**Decision rationale:** Regarding request for functional capacity evaluation, Occupational Medicine Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional capacity evaluations are recommended prior to admission to a work

hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, there is no indication that there has been prior unsuccessful return to work attempts, conflicting medical reporting, or injuries that would require detailed exploration. In the absence of clarity regarding those issues, the currently requested functional capacity evaluation is not medically necessary.