

<b>Case Number:</b>	CM15-0186239		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	07/15/2015
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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: New York, California

Certification(s)/Specialty: Emergency Medicine

### 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 36 year old male with a date of injury of July 15, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine sprain and strain, thoracic spine sprain and strain, fracture of the T2-T3 transverse process, compression fractures of T1-5, rib fractures, right clavicle fracture, and lumbar spine sprain and strain. Medical records dated August 6, 2015 indicate that the injured worker complains of constant neck pain radiating to both arms, numbness, tingling and weakness in the neck, frequent parietal headaches related to the neck pain, memory problems, dizziness, right shoulder pain radiating to the right arm, numbness, tingling, and weakness of the right shoulder, mid back pain radiating to the ribcage and chest, lower back pain radiating to both legs, numbness, tingling, and weakness of the lower back, left ankle pain that radiates to the left foot, and left ankle weakness. Per the treating physician (August 6, 2015), the employee has not returned to work. The physical exam dated August 6, 2015 reveals the injured worker wearing a cervical collar with thoracic and lumbar orthosis, rigid posture, tenderness in the medial and lateral malleolus of the left foot, and increased pain with dorsiflexion and inversion. Treatment has included bracing, medications (Norco 10-325mg since July of 2015; Tramadol 50mg, and Naproxen 550mg prescribed on August 6, 2015), computed tomography of the cervical spine (July 15, 2015) that showed no abnormal cervical findings, computed tomography of the thoracic spine (July 15, 2015) that showed compression deformities of T1-T5, fracture of the right transverse process of T3 and T4, right rib fracture and left rib fracture, and computed tomography of the chest (July 15, 2015) that showed a right clavicle fracture and right scapula fracture. The original utilization review (August 20, 2015) non-certified a request for a functional capacity evaluation and urine drug screen and partially certified a request for X-rays of the left ankle (original request for X-rays of the cervical spine, thoracic spine, lumbar spine, right shoulder, left knee, and left ankle).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional capacity evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty, Functional Capacity Evaluation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

**Decision rationale:** According to ODG guidelines, functional capacity evaluation is "recommended prior to admission to a work hardening program, with a preference for assessments tailored to a specific task or job." It is not recommended for routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. The documentation does not support the IW's progress is approaching return to work status. The IW had multiple, serious injuries from a workplace fall in July 2015. The IW continues to report increasing pain, new areas of reported pain, and ongoing therapy and treatments. There is no documentation of decreased reliance on medications. The MTUS for Chronic Pain and the Official Disability Guidelines recommend a functional capacity evaluation for Work Hardening programs, which is not the context in this case. The treating physician has not defined the components of the functional capacity evaluation. Given that there is no formal definition of a functional capacity evaluation, and that a functional capacity evaluation might refer to a vast array of tests and procedures, medical necessity for a functional capacity evaluation, cannot be determined without a specific prescription which includes a description of the intended content of the evaluation. The MTUS for Chronic Pain, in the Work Conditioning-Work Hardening section, mentions a functional capacity evaluation as a possible criterion for entry, based on specific job demands. The IW remains TTD. The request for a functional capacity evaluation is not medically necessary.

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Urine drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction.

**Decision rationale:** CA MTUS recommends drug testing as an option to "assess for the use or the presence of illegal drugs." Documentation does not indicate concern for illicit substance of aberrant behavior with respect of medications prescribed. Additionally, recommendations support random drug testing, not at office visits. The request for a UA drug screen does not specify what specifically is being tested. The specific content of the test should be listed, as many drug tests do not assay the correct drugs. The urine drug screen is not medically necessary based on lack of a clear collection and testing protocol, lack of details regarding the testing content and protocol, and lack of a current opioid therapy program which is in accordance with the MTUS. The request for a urine drug screen is not medically necessary.

### **X-ray of the Cervical Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

**Decision rationale:** The documentation does not support new trauma or symptoms relating to the neck. The IW had previously undergone a computed tomography study of the cervical spine in July 2015. It is not unreasonable for ongoing pain to this region following the trauma mechanism, but it is not clear from the records why additional imaging is requested. There is not a physical exam documented to any abnormalities that would be explained by X-ray imaging. There were no red flag conditions as outlined by referenced guidelines. Without documentation to support recurrent trauma, physical findings, concerning diagnoses, or red flag conditions, the request for cervical spine X-rays is not medically necessary.

### **X-ray of the Thoracic Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

**Decision rationale:** The documentation does not support new trauma or symptoms relating to the thoracic spine. The IW had previously undergone a computed tomography study of the thoracic spine in July 2015 with multiple identified, non-surgical fractures. It is not unreasonable for ongoing pain to this region following the trauma mechanism, but it is not clear from the records why additional imaging is requested. There is not a physical exam documented to any abnormalities that would be explained by X-ray imaging. There were no red flag conditions as outlined by referenced guidelines. Without documentation to support recurrent trauma, physical findings, concerning diagnoses, or red flag conditions, the request for thoracic spine X-rays is not medically necessary.

### **X-ray of the Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

**Decision rationale:** The documentation does not support new trauma or symptoms relating to the lumbar spine. The IW had previously undergone a computed tomography study of the thoracic spine in July 2015 with identified, non-surgical fractures. It is not unreasonable for ongoing pain to this region following the trauma mechanism, but it is not clear from the records why additional imaging is requested. There is not a physical exam documented to any abnormalities that would be explained by x-ray imaging. There were no red flag conditions as outlined by referenced guidelines. Without documentation to support recurrent trauma, physical findings, concerning diagnoses, or red flag conditions, the request for lumbar spine x-rays is not medically necessary.

**X-ray of the Right Shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

**Decision rationale:** In July 2015, the IW had a significant workplace trauma resulting in a multi-fragment right clavicle fracture. This fracture was treated conservatively by the orthopedic specialists. The IW also had complete images of the right shoulder without other injuries identified. It is not unreasonable for ongoing pain to this region following the trauma mechanism, but it is not clear from the records why additional imaging is requested. There is not a physical exam documented to any abnormalities that would be explained by X-ray imaging. There were no red flag conditions as outlined by referenced guidelines. Without documentation to support recurrent trauma, physical findings, concerning diagnoses, or red flag conditions, the request for shoulder X-rays is not medically necessary.

**X-ray of the Left Knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

**Decision rationale:** The documentation does not support new trauma or mechanism for IW new complaint of knee pain. There are no subjective reports or objective findings of the knee included in the submitted documentation. According to the referenced guidelines, knee radiographic imaging is not recommended for initial evaluation of non-traumatic knee pain in the absence of red flag conditions. Without out documentation to support these findings, the request for left knee X-rays is not medically necessary.

**X-ray of the Left Ankle: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

**Decision rationale:** The documentation does not support new trauma or mechanism for IW new complaint of ankle pain. There are no subjective reports or objective findings of the ankle included in the submitted documentation. According to the referenced guidelines, ankle radiographic imaging is not recommended for initial evaluation of non-traumatic ankle pain in the absence of red flag conditions. Without out documentation to support these findings, the request for right ankle X-rays is not medically necessary.