

Case Number:	CM15-0081024		
Date Assigned:	05/01/2015	Date of Injury:	05/12/2014
Decision Date:	06/05/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/27/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 38 year old male, who sustained an industrial injury on 5/12/14. The injured worker has complaints of low back pain radiating to his right lower extremity. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy; lumbago and pain in thoracic spine. Treatment to date has included norco; electromyography/ nerve conduction velocity of the right lower extremity; magnetic resonance imaging (MRI) of the lumbar spine and X-rays of the thoracic spine and lumbar spine (five views) show loss of lumbar lordosis. The request was for functional capacity evaluation and urine toxicology screen.

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 (ODG), Fitness for Duty Chapter, FCE Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional capacity evaluation.

Decision rationale: The request is for functional capacity evaluation (FCE). The ODG states to consider FCE if case management is hampered by complex issues such as, prior unsuccessful RTW attempts; conflicting medical reporting on precautions and/or fitness for modified job; injuries that require detailed exploration of a workers abilities; and timing is appropriate. In this case, there is documentation that the claimant is approaching maximal medical benefit; however, there is no documentation of unsuccessful RTW attempts and/or conflicting medical reporting. There is also no detailed job description. Given the above, this request is deemed not medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

Decision rationale: The CA MTUS recommends urine drug screening (UDS) in selected those at mild risk at every 6 months. This claimant had a UDS less than 6 months in January. There is no indication in the records submitted detailing why another UDS is necessary, therefore the request is deemed not medically necessary.