Case Number:	CM14-0217382		
Date Assigned:	01/07/2015	**Date of Injury:**	01/20/2011
Decision Date:	03/03/2015	**UR Denial Date:**	12/10/2014
Priority:	Standard	**Application Received:**	12/29/2014

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. 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: 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:

The injured worker is a 51 year old male who was originally injured on 1/20/2011 when he moved quickly to secure heavy equipment, straining his neck and back. The original injury did not improved significantly, despite medication, physical therapy, epidural steroid injection, and chiropractic therapy. The injured worker was eventually diagnosed with herniated lumbar disc disease and lumbar radiculopathy. The treating physician requested a functional capacity evaluation, which was denied by utilization review, and was submitted for independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Final 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, Functional capacity evaluation (FCE)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 21, 80-83.

Decision rationale: The request is for a functional capacity evaluation, a method to clearly delineate what an injured worker can and cannot perform, with the intent of applying this information for a return to the workplace. The functional limitations of an injured worker can often be described by the occupational or treating physician. In some circumstances, a request for a functional capacity evaluation may be warranted. In the available medical records, there is no clear indication that the injured worker is planning a return to the workplace. Therefore, the request for functional capacity evaluation is not supported by the MTUS guidelines and is therefore not medically necessary.

1 urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction; Substance abuse (toleran. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Opioids, tools for risk stratification & monitoring

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: A urine drug screen is typicaly recommended when a treating physician is considering the initiation of opioid therapy for chronic pain and throughout use in order to prevent misuse. The available medical records suggest the injured worker is being weaned off opioids. Therefore, the utility of testing is not clearly demonstrated. The request for urine drug screen is not supported by the MTUS and is therefore not medically necessary.