

Case Number:	CM15-0007894		
Date Assigned:	01/23/2015	Date of Injury:	08/23/2012
Decision Date:	03/17/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/14/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 50 year old female, who sustained an industrial injury on 8/23/12. She has reported neck, left shoulder, right forearm and right wrist pain. The diagnoses have included cervical spine multilevel HNP, cervical multilevel degenerative disc disease, r/o cervical radiculopathy, cervical spine pain, left shoulder tendonitis, and right elbow lateral epicondylitis, right forearm sprain/strain, triangular fibrocartilage tear, mood disorder, sleep disorder, anxiety disorder and stress. Treatment to date has included chiropractic treatments, physical therapy treatments and medications. (MRI) magnetic resonance imaging of right forearm performed on 8/20/14 revealed negative study and (MRI) magnetic resonance imaging of cervical spine performed on same day revealed C3-4 disc protrusion, C4-5 central disc protrusion, C5-6 right paracentral disc extrusion, C6-7 focal central disc protrusion and limited cervical spine range of motion; and (MRI) magnetic resonance imaging of left shoulder revealed supraspinatus and infraspinatus tendinosis, AC and GH joint osteoarthritis and mild atrophy of infraspinatus and teres minor. Currently, the Injured Worker complains of sharp, radicular neck pain and muscle spasms, described as constant and moderate to severe, she also complains of burning left shoulder pain with radiation down arm, right forearm and elbow pain and burning right wrist pain and muscle spasms. On exam of 12/8/14 there was tenderness to palpation at the sub occipital region, at rotator cuff tendon attachment sites, at the flexor and extensor muscle compartments of the forearm and lateral epicondyle, at the carpal tunnel and first dorsal extensor muscle compartment and decreased range of motion of right side. On 12/15/14 Utilization Review non-certified a functional capacity evaluation, noting the medical necessity could not be

substantiated due to no evidence of failure of previous return to work attempts and no indication she is at or close to MMI and periodic urine toxicological evaluation, noting the lack of documentation of current medications. The MTUS, ACOEM Guidelines was cited. On 1/6/15, the injured worker submitted an application for IMR for review of functional capacity evaluation and periodic urine toxicological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluations Qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines Chapter 7, page 137; Independent Medical Examinations and Consultations

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Guidelines Assessing Red Flags and Indication for Imm.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach:(a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks (Mayer 2003). There is no documentation that the patient condition require functional capacity evaluation. There is no strong scientific evidence that functional capacity evaluation predicts the patient ability to perform her work. In addition, the provider should document that the patient reached her MMI. The requesting physician should provide a documentation supporting the medical necessity for this evaluation. The documentation should include the reasons, the specific goals and end point for Functional Capacity Evaluation. Therefore, the request for Functional Capacity Evaluation is not medically necessary.

UA toxicological Evaluation Qty: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. (j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case, there is no documentation of drug abuse or aberrant behavior. There is no documentation of drug abuse or misuse. There is no rationale provided for requesting UDS test. Therefore, Urine Drug screen is not medically necessary.