MAXIMUS Federal Services

Case Number:	CM15-0062868		
Date Assigned:	04/08/2015	Date of Injury:	08/20/2010
Decision Date:	05/14/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/02/2015

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: Internal 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 49 year old male, who sustained an industrial injury on August 20, 2010. He has reported neck pain, shoulder pain, lower back pain, and wrist pain. Diagnoses have included cervical spine disc displacement, thoracolumbar disc displacement, thoracic spine pain, and carpal tunnel syndrome. Treatment to date has included medications, epidural injections, right shoulder surgery, right carpal tunnel release, chiropractic care, acupuncture, imaging studies, and diagnostic testing. A progress note dated March 9, 2015 indicates a chief complaint of persistent severe musculoskeletal pain involving the bilateral wrists, neck, and lower back. The treating physician documented a plan of care that included a functional capacity evaluation and urine drug 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 CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations, pages 137-138; Official Disability Guidelines: Fitness for Duty chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 Independent Medical Examinations and Consultations Pages 137-138.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses functional capacity evaluation (FCE). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 1 Prevention (Page 12) states that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ACOEM Chapter 7 Independent Medical Examinations and Consultations (Pages 137-138) states that there is little scientific evidence confirming that functional capacity evaluations predict an individual's actual capacity to perform in the workplace. The re-examination progress report dated 3/9/15 documented neck, back, and wrist complaints. MTUS and ACOEM guidelines do not support the medical necessity of a functional capacity evaluation (FCE). Therefore, the request for a functional capacity evaluation (FCE) is not medically necessary.

Urine Toxicology Screen, (retrospective - performed 03/09/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests) Page(s): 89-90, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing page 43. Opioids, criteria for use pages 76-77. Opioids, pain treatment agreement page 89. Opioids, steps to avoid misuse/addiction page 94.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. The re-examination progress report dated 3/9/15 did not document opioid use. There was no documentation of opioid prescription. Without documented opioid use, the request for a urine toxicology screen is not supported by MTUS guidelines. Therefore, the request for a urine toxicology screen is not medically necessary.