

<b>Case Number:</b>	CM13-0011344		
<b>Date Assigned:</b>	09/20/2013	<b>Date of Injury:</b>	07/14/2012
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 42-year-old gentleman who sustained an injury to his low back in a work related accident on July 14, 2012 while stacking boxes. A July 8, 2013 assessment with [REDACTED] noted continued subjective complaints of low back pain. Formal physical examination findings were not documented. The claimant was given clinical diagnoses of carpal tunnel syndrome, low back pain, sciatica, and cubital tunnel syndrome. The treatment plan at that time was for continuation of medication management to include Naprosyn, Prilosec, and Tramadol. His work status was continued to be modified with a six week reevaluation recommended if necessary. The claimant was also referred for chiropractic care to the lumbar spine. It was noted that he should continue with "bracing," but did not disclose which body part would be braced. An August 30, 2012 electrodiagnostic study of the upper extremities showed bilateral ulnar entrapment at the elbow and bilateral medial entrapment at the wrists, suggestive of right greater than left carpal tunnel syndrome. The claimant's imaging to the lumbar spine is not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**labs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** The California MTUS states that "thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain, and includes a review of medical records. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and to observe/understand pain behavior. The history and physical examination also serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes." California ACOEM and MTUS Guidelines are silent on the issue of labs. When looking at the Official Disability Guideline criteria, laboratory testing is indicated to assess with certain criteria including diabetes, anemia and coagulopathy. In the setting of chronic medication management, this claimant demonstrates no current risk factors from medications being utilized that would warrant the role of laboratory testing. The specific request for laboratory testing in this case, which in and of itself is vague and not indicative of the specific lab testing being ordered, would not be supported at present.

**urine drug screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** While urine drug screens are used to identify serious substance misuse in a multidisciplinary pain setting, this claimant's current records indicate he is utilizing medications at present including Tramadol, Naprosyn and Prilosec. These medications are non-narcotics, which would not typically require urine drug screening or monitoring. The claimant's clinical records give no indication of misuse of medications. The acute need of a urine drug screen would not be indicated.

**chiropractic treatment twice a week for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The claimant's clinical records do not demonstrate a significant course of recent conservative measures over the six years since the time of injury. Guidelines in regards to chiropractic measures state that patients should utilize 4-6 treatments to demonstrate a functional effect, with maximal duration of treatment of eight weeks. Given the fact that twelve sessions of chiropractic care are being requested initially, this would exceed initial parameters for the modality and would not support its use at this time. Therefore, the request is non-certified.