MAXIMUS Federal Services

Case Number:	CM13-0034242		
Date Assigned:	12/06/2013	Date of Injury:	03/16/2010
Decision Date:	04/18/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/11/2013

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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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 applicant is a represented [redacted] employee who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of March 16, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of chiropractic manipulative therapy over the life of the claim; cervical spine interventional spine procedures; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of October 3, 2013, the claims administrator partially certified a request for unknown amounts of chiropractic manipulative therapy as six sessions of chiropractic manipulative therapy, denied a urine drug screen, and denied an unknown number of physical therapy visits. The applicant's attorney subsequently appealed. An earlier note of November 21, 2013 is notable for comments that the applicant is not working. The applicant is off of work, on total temporary disability. He reports persistent neck pain. He does have reduced cervical range of motion and diminished lumbar range of motion with intact motor function about the upper extremity. Both cervical radiofrequency ablation procedures and epidural steroid injections are sought. The applicant is given Terocin for pain relief. He is placed off of work, on total temporary disability. An earlier note of October 16, 2013 is notable for comments that the applicant was given Relafen for pain relief at that point in time and again placed off of work, on total temporary disability. On September 11, 2013, the attending provider again placed the applicant off of work, on total temporary disability, and gave him prescriptions for unspecified amounts of physical therapy and chiropractic manipulative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

UNKNOWN CHIROPRACTIC CARE SESSIONS BETWEEN 9/11/2013 AND 12/30/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-60.

Decision rationale: The applicant is now over three (3) years removed from the date of injury. He has had unspecified amounts of manipulative therapy over the life of the claim. The Chronic Pain Medical Treatment Guidelines indicate that up to twenty-four (24) sessions of manipulative therapy can be endorsed for individuals with chronic musculoskeletal pain, who demonstrate functional improvement by achieving and/or maintaining successful return to work status. In this case, however, the applicant has failed to return to work. The applicant remains off of work, on total temporary disability, implying that the prior unspecified amounts of manipulative therapy had been unsuccessful. Additional manipulative treatment is not, consequently, indicated. Therefore, the request is not certified, on Independent Medical Review.

ONE (1) DRUG SCREEN BETWEEN 9/11/2013 AND 12/30/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES, STEPS TO AVOID MISUSE/ADDICTION. Decision based on Non-MTUS Citation UNIVERSITY OF MICHIGAN HEALTH SYSTEM GUIDELINES FOR CLINICAL CARE: MANAGING CHRONIC NON-TERMINAL PAIN, INCLUDING PRESCRIBING CONTROLLED SUBSTANCE pages 10,32 and 33

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, URINE DRUG TESTING.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do support intermittent drug testing in the chronic pain population; however, the guidelines do not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in the Official Disability Guidelines, an attending provider should clearly state which drug tests and/or drug panels he is testing for, along with any request for authorization for testing. An attending provider should also attach the applicant's complete medication list to the request for testing. Finally, the attending provider should also clearly indicate the last time the applicant was tested and whether the applicant is presently being tested "for cause" or randomly. In this case, none of the aforementioned criteria are met. The attending provider did not attach the applicant's complete medication list or medication profile to the request for authorization for drug testing or to any recent progress notes between September and December 2013. It was not clearly stated when the last time the applicant received a drug test. It was not clearly stated what drug tests

and/or drug panels were being sought here. Therefore, the request is not certified, on Independent Medical Review.

UNKNOWN PHYSICAL THERAPY SESSIONS BETWEEN 9/11/2013 AND 12/30/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 134,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION APPROACH TO CHRONIC PAIN Page(s): 8.

Decision rationale: The applicant is now over three years removed from the date of injury. He has had an unspecified number of physical therapy treatments over the life of the claim. He has failed to demonstrate any functional improvement following completion of the same so as to support further treatment, as noted in the Chronic Pain Medical Treatment Guidelines. He is off of work, and is on total temporary disability. He is highly reliant on various interventional spine procedures, radiofrequency ablation procedures, injections, medications. All of the above, taken together, argue against any lasting benefit or functional improvement achieved through prior physical therapy as defined in the parameters established in guidelines. Therefore, the request is not certified, on Independent Medical Review.