

<b>Case Number:</b>	CM14-0002582		
<b>Date Assigned:</b>	04/04/2014	<b>Date of Injury:</b>	03/29/2013
<b>Decision Date:</b>	05/09/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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. The expert reviewer is Board Certified in Internal and Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 51 year-old with a date of injury of 03/29/13. A progress report associated with the request for services, dated 11/26/13, identified subjective complaints of low back pain. Objective findings included a bilateral positive straight leg-raising and positive heel walk. Diagnoses included lumbar disc disease with foraminal narrowing. Treatment has included chronic NSAIDs and opioids. She completed 4 sessions of physical therapy soon after her injury. The results of that therapy are not specified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CHIROPRACTIC SESSIONS AND PHYSIOTHERAPY (LUMBAR) (2 X/6): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

**Decision rationale:** The California Chronic Pain MTUS Guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. For the low back, they recommend a trial of 6 visits over 2 weeks. If there is objective evidence of functional improvement, a total of up to 18 visits over 6-8 weeks are recommended. The request is for a total of 12 chiropractic

sessions. This exceeds the guidelines for initial therapy without demonstrating functional improvement. As such, the record does not document the medical necessity of 12 chiropractic sessions.

**LAB- CPK (CREATINE PHOSPHOKINASE):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS; Opioids Page(s): 70,74-96.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS), based upon manufacturer guidelines does recommend periodic monitoring of a complete blood count (CBC) and chemistry profile to include liver functions when on NSAID therapy. However, there is no recommendation for monitoring a CPK. Likewise, none of the patient's documented prescribed drugs have a recommendation for CPK monitoring in their prescribing information. Therefore, there is no documented medical necessity in the record for a CPK.

**UA TOXICOLOGY SCREENING:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing.

**Decision rationale:** This patient is on chronic opioid therapy. The California Medical Treatment Utilization Schedule (MTUS) recommends frequent random urine toxicology screens without specification as to the type. The Official Disability Guidelines (ODG) state that urine drug testing is recommended as a tool to monitor compliance with prescribed substances. The ODG further suggests that in low-risk patients, yearly screening is appropriate. Moderate risk patients for addiction/aberrant behavior are recommended to have point-of-contact screening 2 to 3 times per year. High risk patients are those with active substance abuse disorders. They are recommended to have testing as often as once a month. This patient appears to be low risk and there is no documentation of a urine drug screen within the last year. Therefore, necessity is met for a urine drug screen.