

<b>Case Number:</b>	CM14-0009540		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	02/07/2006
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 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:

This is a 54-year-old female with a 2/7/06 date of injury. She is employed by [REDACTED]. On 12/3/13, the patient rated her pain as a 9/10 and described neck and bilateral upper extremity pain, stiffness in her neck, and knee pain. Objective: she requires the use of a cane for ambulation, has decreased lumbar ROM, and decreased sensation in the left L3-S1 dermatomes. A 1/7/14 office visit note indicates the patient is taking Norco and Valium. A urine drug screen performed on 1/7/14 was clear of any drugs. The CURES was not consistent on 1/7/14 and showed the patient picked up medication from a different pharmacy on 12/4/13, which the patient denied. Diagnostic Impression: s/p lumbar decompression/fusion, lumbar and cervical radiculopathy, chronic pain syndrome. The treatment to date: physical therapy, medication management, activity modification. A UR decision dated 1/8/14 modified the request for chiropractic care to 6 sessions as opposed to 8 sessions as an initial trial. The laboratory evaluations were denied since the patient had a normal laboratory study on 2/28/13 and the kidney and liver function were in normal limits. There is no description of risk factors or symptoms suggesting a problem related to kidney/liver function. The urine drug screen was denied based on the fact that the patient had a urine drug screen performed on 11/5/13 which was consistent. There has been no documentation of misuse or aberrant behavior.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROSPECTIVE REQUEST FOR 8 SESSIONS OF CHIROPRACTIC MANIPULATION/PHYSIOTHERAPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Manual Therapy & Manipu.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299,Chronic Pain Treatment Guidelines CA MTUS 2009 §9792.24.2. Chronic Pain Medical Treatment Guidelines Page(s): 298-299; 85.

**Decision rationale:** The CA MTUS states that manipulation appears safe and effective in the first few weeks of back pain without radiculopathy. In addition, a request to initiate treatment would make it reasonable to require documentation of objective functional deficits, and functional goals for an initial trial of 6 chiropractic/manipulation treatment. CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement with previous treatment and remaining functional deficits, a total of up to 18 visits is supported. In addition, elective/maintenance care is not medically necessary. However, given the patient's 2006 date of injury, it is likely that she has had chiropractic care previously. For continued chiropractic care, there should be documentation of functional improvement and gains in activities of daily living from the prior chiropractic sessions, as well as the number of sessions previously attended. This discussion is not provided for review. This request, as submitted, is not medically necessary.

**PROSPECTIVE REQUEST FOR 1 MED PANEL TO EVALUATE HEPATIC AND RENAL FUNCTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009)..

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Article 'Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings'

**Decision rationale:** CA MTUS and ODG do not address this issue. Literature concludes that a large proportion of patients receiving selected chronic medications does not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. However, this patient is documented to have had normal renal and hepatic function in February of 2013. There are no risk factors, adverse side effects, or concerns documented to warrant repeat laboratory studies at this time. The physician does not provide any documentation as to why these studies are being repeated at this time. This request, as submitted, is not medically necessary.

**PROSPECTIVE REQUEST FOR 1 URINE DRUG SCREEN:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Drug Testing..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines §9792.24.2. Page(s): 78.

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. The CA MTUS supports up to 4 urine drug screens per year in patients on chronic opioid therapy. This patient is noted on her most recent office visit note in January 2014 to have an inconsistent CURES report, as well as an inconsistent urine drug screen. She is exhibiting aberrant behavior, and is at high risk for opioid misuse. This request, as submitted, is medically necessary.