

Case Number:	CM14-0105006		
Date Assigned:	07/30/2014	Date of Injury:	07/30/2013
Decision Date:	09/09/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/08/2014

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:

According to the records made available for review, this is a 41-year-old male with a 7/30/13 date of injury. At the time (6/10/14) of request for authorization for chiropractic treatment 2X week X4 weeks and urine drug screen, there is documentation of subjective (constant severe lower back pain radiating to the right lower extremity with numbness and tingling, rated as a 10 out of 10) and objective (tenderness to palpation over the lower lumbar spine with muscle spasms and trigger points; decreased lumbar range of motion, and decreased sensation over the right L5 dermatome) findings, current diagnoses (lumbar herniated nucleus pulposus with right radiculopathy and elbow contusion), and treatment to date (at least 5 chiropractic sessions and ongoing therapy with Norco). In addition, medical reports identify multiple urine drug screen requests and a previously certified urine drug screen on 11/6/13. Regarding chiropractic treatment 2X week X4 weeks, there is no documentation of positive symptomatic or objective measurable gains in functional improvement with previous treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of chiropractic treatment to date. Regarding urine drug screen, there is no documentation that the patient is at "moderate/high risk" of addiction & misuse, and adverse outcomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

chiropractic treatment 2X week X4 weeks: 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.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that manual therapy/manipulation is recommended for chronic pain if caused by musculoskeletal conditions, and that the intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. MTUS additionally supports up to 18 visits over 6-8 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar herniated nucleus pulposus with right radiculopathy and elbow contusion. In addition, there is documentation of at least 5 previous chiropractic sessions completed to date. Furthermore, there is documentation of chronic pain caused by musculoskeletal conditions. However, there is no documentation of positive symptomatic or objective measurable gains in functional improvement with previous treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services because of chiropractic treatment to date. Therefore, based on guidelines and a review of the evidence, the request for chiropractic treatment 2X week X4 weeks is not medically necessary.

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in-patient under on-going opioid treatment, as criteria necessary to support the medical necessity of urine drug screen. The ODG supports urine drug testing within six months of initiation of opioid therapy and on a yearly basis thereafter for patients at "low risk" of addiction, 2 to 3 times a year for patients at "moderate risk" of addiction & misuse, and testing as often as once per month for patients at "high risk" of adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of diagnoses of lumbar herniated nucleus pulposus with right radiculopathy and elbow contusion. In addition, there is documentation of on-going opioid therapy and poor pain control in the patient. However, given

documentation of multiple urine drug screen requests and a previously certified urine drug screen on 11/6/13, there is no documentation that the patient is at "moderate/high risk" of addiction & misuse, and adverse outcomes (individuals with active substance abuse disorders). Therefore, based on guidelines and a review of the evidence, the request for urine drug screen is not medically necessary.