

Case Number:	CM14-0106775		
Date Assigned:	07/30/2014	Date of Injury:	07/25/2012
Decision Date:	09/10/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/10/2014

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 Physical Medicine & Rehabilitation, 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 injured worker is a 48-year-old-male, who sustained an industrial injury on 07/25/2012. He has low back pain that often becomes sharp and shooting, radiating to the left leg, foot with episodes of numbness and tingling. Lumbar brace was provided so he wears on occasionally for pain. He takes Naprosyn and uses Bio-Therm topical cream. He reports improvement in his pain levels from 6/10 to 3/10 on a pain scale of 0-10 after taking medications. Examination of the lumbar spine revealed diffuse mild-tenderness. The range of motion was full, in flexion, extension and rotation. There was 5/5 strength in bilateral lower extremity to hip flexion, quads, Tibialis, EHL, and gastrosoleus. Sensation was intact throughout. Diagnoses are lumbar disc herniation; right knee contusion. He has had physical therapy as well as acupuncture in the past. Recommendation was Capsaicin based Bio-Therm cream, Naproxen for moderate pain and inflammation as a first line of treatment. UR determination for Lumbar spine chiropractic treatment 2x4 is not medically necessary; Urinalysis partially certified to 10 panel random urine drug screen for qualitative analysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

chiropractic treatment 2 x 4 for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation treatment parameters (Globe, 2008). Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and Manipulation Page(s): 58-59.

Decision rationale: According to the CA MTUS guidelines, chiropractic treatment may be appropriate for treatment of chronic pain patients, in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. For therapeutic care of the low back, the guidelines recommend a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, may be recommended. In this case, there is limited information as to the number of previous physical therapy / chiropractic visits and the treatment outcome. There is no documentation of any significant improvement in the objective measurements such as pain level, ROM, strength and function. Furthermore, additional treatments would exceed the guidelines recommendations. As such, the request for chiropractic treatments is not medically necessary.

urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen. Decision based on Non-MTUS Citation Official Disability Guidelines/pain procedure summary - Urine Drug Screen (UDT)(Manchikanti, 2011b) (Moeller, 2008) (Gourlay, 2010) (Heit, 2004) Criteria for use of Urine Drug Testing (DOT, 2010).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid criteria Page(s): 76. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

Decision rationale: As per CA MTUS guidelines and ODG, urine drug screening is recommended to assess for the use or the presence of illegal drugs and to monitor compliance with prescribed substances. As per ODG, patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. The urine drug screening is appropriate for patients taking opioids; however in this case, there is no evidence of opioid use in this injured worker. Furthermore, there is no documentation of any aberrant or drug seeking behavior. Therefore, the request for urine drug screen is not medically necessary.