

Case Number:	CM14-0108467		
Date Assigned:	08/01/2014	Date of Injury:	06/08/2004
Decision Date:	11/04/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/12/2014

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 Orthopedic Surgery (Spine Fellowship) 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 62-year-old male with a 7/8/04 date of injury. At the time (6/26/14) of the decision for chiropractic treatment x 6 (lumbar spine), lumbar brace, and toxicology screen there is documentation of subjective (right low back pain and right lower extremity pain) and objective (right paralumbar spasm, severe tenderness over the right lower lumbar area and sacroiliac joint, positive straight leg raise test on the right side, limited range of motion of the lumbar spine, decreased motor strength of the right lower extremity, decreased sensation and vibration over the right L5 area) findings. The current diagnoses are failed back surgery syndrome, right lumbar radiculopathy, lumbar facet arthropathy, and right sacroiliac joint dysfunction. The treatment to date includes physical therapy, epidural steroid injection, TENS unit, and medications (including ongoing treatment with Nucynta since at least 1/30/14). Medical reports identify multiple urine toxicology screens with expectable results. Regarding six treatments of chiropractic for the lumbar spine, there is no documentation of objective functional deficits and functional goals. Regarding lumbar brace, there is no documentation of compression fractures, spondylolisthesis, or documented instability. Regarding toxicology screen, there is no documentation of opioid abuse, addiction, or poor pain control; and the patient being at "high risk" of adverse outcomes (active substance abuse disorder).

IMR ISSUES, DECISIONS AND RATIONALES

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

Six treatments of Chiropractic for the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Manual Therapy & manipulation Page(s): 58.

Decision rationale: MTUS reference to ACOEM identifies documentation of objective functional deficits and functional goals as criteria necessary to support the medical necessity of chiropractic treatment. In addition, MTUS Chronic Pain Medical Treatment Guidelines supports a trial of 6 visits, with evidence of objective functional improvement, total of up to 18 visits. Within the medical information available for review, there is documentation of diagnoses of failed back surgery syndrome, right lumbar radiculopathy, lumbar facet arthropathy, and right sacroiliac joint dysfunction. However, there is no documentation of objective functional deficits and functional goals. Therefore, based on guidelines and a review of the evidence, the request for six treatments of Chiropractic for the lumbar spine is not medically necessary.

Lumbar Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Support; and Back Brace, Other Medical Treatment Guideline or Medical Evidence:
[https://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/durable_medical_equipment_\(dme\).pdf](https://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/durable_medical_equipment_(dme).pdf).

Decision rationale: MTUS reference to ACOEM identifies that lumbar support have not been shown to have any lasting benefit beyond acute phase of symptom relief. Official Disability Guidelines identifies documentation of compression fractures, spondylolisthesis, or documented instability, as criteria necessary to support the medical necessity of lumbar support. Within the medical information available for review, there is documentation of diagnoses of failed back surgery syndrome, right lumbar radiculopathy, lumbar facet arthropathy, and right sacroiliac joint dysfunction. However, there is no documentation of compression fractures, spondylolisthesis, or documented instability. Therefore, based on guidelines and a review of the evidence, the request for a lumbar brace is not medically necessary.

Toxicology Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: 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. Official Disability Guidelines 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 failed back surgery syndrome, right lumbar radiculopathy, lumbar facet arthropathy, and right sacroiliac joint dysfunction. In addition, there is documentation of ongoing treatment with Nucynta. However, given documentation of records reflecting prescriptions for Nucynta since at least 1/30/14, there is no documentation of opioid abuse, addiction, or poor pain control. In addition, given documentation of multiple urine toxicology screens with expectable results, there is no documentation of the patient being at "high risk" of adverse outcomes (active substance abuse disorder). Therefore, based on guidelines and a review of the evidence, the request for a toxicology screen is not medically necessary.