

Case Number:	CM14-0014256		
Date Assigned:	06/04/2014	Date of Injury:	06/09/2010
Decision Date:	08/07/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/04/2014

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 Texas. 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 59 year old male who injured his low back when opening a counter weight door, pushing and pulling baskets out of a furnace on 06/09/10. He was diagnosed with a lumbar strain. A clinical note dated 06/18/14 indicated the patient being diagnosed with disc herniation at L4-5. A qualified medical evaluation dated 01/19/13 indicated the patient complaining of low back pain radiating into the lower extremities on a near daily basis. The patient rated the pain 7-9/10 on the visual analog scale. A clinical note dated 06/19/13 indicated the patient previously undergoing two epidural steroid injections in the lumbar spine in 2011 which provided approximately one to two weeks of benefit. There was also indication the patient underwent surgery in 08/03/11 lumbar spine. A clinical note dated 11/13/13 indicated the patient continuing with 8/10 pain. The patient reported low back pain radiating to the left lower extremity in the posterior region to the ankle. Numbness and tingling were described. The operative report dated 12/05/13 indicated the patient undergoing facet blocks at L1-2, L4-5, and L5-S1. A previous review dated 01/27/14 resulted in denials for chiropractic treatment consisting of 12 sessions and DNA testing and urine toxicology screen. The patient had the note or the review resulted in denial for chiropractic therapy as no clinical documentation had been submitted regarding functional improvements through the initial course of chiropractic therapy. Genetic testing resulted the request for genetic testing resulted in denial as no exceptional factors had been submitted regarding the need for the proposed evaluation. And a urine toxicology screen resulted in denial as the patient had previously undergone urine drug screen; however, no results had been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment qty:12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: The request for 12 sessions of chiropractic treatment is not recommended. Clinical documentation indicates the patient undergoing extensive conservative treatment. Additional chiropractic therapy would be indicated provided that the patient meets specific criteria, including objective functional improvement through the initial course of treatment. No objective data was submitted confirming improvement with previous conservative treatment. Therefore, it is unclear if the patient would benefit from additional treatment at this time.

DNA testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1.)Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins.2.)Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

Decision rationale: The request for DNA testing would be indicated for patients with continued opioid therapy. The patient has been utilizing pharmacological interventions. However, no information was submitted regarding an inadequate response to previously rendered opioid therapy. Therefore, it is unclear if the patient would benefit from additional testing at this time. The request cannot be deemed as medically necessary.

Urine toxicology testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The request for urine toxicology exam is not recommended. The patient recently underwent urine toxicology screen. However, no urine screen results no recent urine toxicology screen results were submitted confirming the need for additional studies. Therefore, this request is not indicated as medically necessary.

