

<b>Case Number:</b>	CM14-0014697		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	05/05/2011
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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, and is licensed to practice in Maryland. 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 57 year old male who reported an injury on May 11, 2011 when he fell from a ladder injuring his right knee and low back. Clinical note dated May 10, 2013 indicated the patient completing thirty physical therapy sessions to date. The patient also reported completing 30 chiropractic treatments with moderate relief. The urine drug screen completed on August 8, 2013 indicates the injured worker showing noncompliance as no indications the injured worker had been utilizing Tramadol were identified. It appeared the patient had been prescribed Tramadol for pain relief. The utilization review dated January 14, 2014 resulted in a modified treatment of 6 sessions of chiropractic therapy and referral to pain management as well as UA testing. The clinical note dated January 15, 2014 indicates the injured worker able to demonstrate 30 degrees of lumbar flexion, 5 degrees of extension, 5 degrees of right lateral bending and 10 degrees of left lateral bending, and 25 degrees of right rotation and 20 degrees of left rotation. The clinical note dated January 31, 2014 indicates the injured worker having previously undergone conservative treatment to address his low back complaints. This has included physical therapy as well as medications. The note indicates the injured worker utilizing Norco and Ultram as well as Flexeril for pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC TREATMENT TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY & MANIPULATION, 58-60

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Chiropractic Manipulation, Page(s): 58.

**Decision rationale:** Clinical documentation indicates the patient completing 30 chiropractic manipulation sessions to date. This request exceeds guideline recommendations as no exceptional factors were identified in the clinical documentation. The request for chiropractic treatment two times weekly for four weeks is not medically necessary or appropriate.

**WORK CONDITIONING:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Work Conditioning

**Decision rationale:** Clinical documentation indicates the patient undergoing a list of conservative treatments. Work conditioning is generally considered an extension of more traditional physical therapy. However, no information was submitted regarding the length, duration, and the number of hours being requested. The request for work conditioning is not medically necessary or appropriate.

**CMP:** Upheld

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

**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: 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:** No information was submitted regarding the need for lab studies including CMP. Without information regarding the need for lab study this request is not indicated as medically necessary. The request for CMP is not medically necessary or appropriate.

**REFERRAL TO PAIN MANAGEMENT FOR SIX (6) VISITS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 5, CORNERSTONES OF DISABILITY PREVENTION AND MANAGEMENT, 92, 112

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines IME and Consultations Page(s): 503.

**Decision rationale:** No information was submitted regarding significant functional deficits indicating the need for additional treatment for additional assessment. Therefore, the request for a referral to pain management for six visits is not medically necessary or appropriate.

**RANDOM URINARY ANALYSIS (UA) TESTING:** Overturned

**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 Chronic Pain Medical Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** There is an indication the patient has demonstrated non-compliance with the prescribed drug regimen. Given the previous non-compliance this request is reasonable in order to maintain compliance with the prescribed drug regimen. The request for random urinary analysis testing is medically necessary and appropriate.

**REFERRAL TO PSYCHIATRIST FOR CONSULTATION:** 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 IME and Consultations Page(s): 503.

**Decision rationale:** The patient has complaints of low back pain. No information was submitted regarding the patient's preliminary psychological status indicating the medical need for psychiatric treatment. Without any significant findings indicating the need for psychological treatment, this request is not indicated. The request for a referral to a psychiatrist for consultation is not medically necessary or appropriate.