

Case Number:	CM14-0036730		
Date Assigned:	06/25/2014	Date of Injury:	05/02/2013
Decision Date:	07/25/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/26/2014

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, has a subspecialty in Pain 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 with a date of injury of 05/02/2013 while walking down the ramp of a bobtail truck and pushing a dolly with 5 boxes of wine stacked on it. At that time, the injured worker noticed pain in his legs and lower back. The injured worker was initially diagnosed with spinal stenosis. The injured worker's diagnostic impression noted in Progress Report dated 8/21/2013 include thoracic spine musculoligamentous strain/sprain, lumbar spine musculoligamentous strain/sprain, multiple disc protrusion per magnetic resonance image and sleep disturbance secondary to pain. Physical exam dated 8/21/2013 revealed grade 2 tenderness to palpation over paraspinal muscles and 1+ to 2 palpable spasm about the thoracic spine, grade 2-3 tenderness to palpation over the paraspinal muscles and 2 palpable spasm about the lumbar spine, positive bilateral straight leg raise, a 4/5 motor strength in the left lower extremity, and decreased sensation in the left lower extremity. This note indicated the injured worker's tenderness to palpation over paraspinal muscles and palpable spasms of the thoracic and lumbar spine had decreased since his last visit but subjectively indicated the injured worker's pain had increased. The report dated 8/21/2013 further revealed the injured worker had completed 24 sessions of physical therapy to date. The injured worker was prescribed tramadol 50 mg twice daily as needed, Fluriflex 180 gm to be used during the day and TGHOT 180 gm to be used during the night. A urine and drug screen was requested at this visit for medication monitoring. Three qualitative drug panels were included in the records submitted for review, collected 5/29/2013, 7/17/2013, and 8/21/2013. Each report reveals the injured worker's results were not detected for all analytes tested. Nine Physical therapy notes dated 7/31/13 through 8/19/2013 were available for review and are consistently annotated to reflect the injured worker's pain was improved about the thoracic and lumbar spine, but no objective findings were included to correlate this claim. MRI of the lumbar dated 08/11/2013 revealed broad-based disc protrusion that abuts the thecal

sac and moderate to marked spinal canal narrowing as well as bilateral lateral recess and neuroforaminal narrowing at L2-3, L3-4 and L4-5, at L2-3, L3-4, L4-5 and impingement on the left L2 exiting nerve root. L5-S1 showed broad-based disc protrusion and facet hypertrophy producing spinal canal narrowing and bilateral neuroforaminal narrowing with an apparent left pars defect. The injured worker also underwent extracorporeal shockwave therapy on 07/30/2013 but the injured worker's response to this procedure was not included in the records available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic visits between 8/21/2013 and 11/18/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation and Physical Medicine Page(s): 58-60 and 98-99.

Decision rationale: The injured worker completed 24 sessions of physical therapy between the dates of 6/11/13 and 8/19/2013 and notes revealed the injured worker's pain was improved, but objective improvements were not available. Progress note dated 08/21/2013 includes the injured worker's subjective complaint of an increase in pain rather than an improvement and there is no indication of a significant amount of improvement from physical therapy. It is unclear that chiropractic therapy would result in an outcome that was not obtained by multiple sessions of physical therapy. A home-based physical therapy program is recommended rather than participating in additional active therapy. Medical necessity of 12 Chiropractic Therapy is not recommended.

1 Urine and drug screen between 8/21/2013 and 8/21/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: Tramadol was prescribed at an exam dated 08/21/2013. The provider requested a urine drug screen for medication monitoring on the same date. The injured worker had been screened for medication monitoring one month prior on 07/17/2013 and three months prior on 05/29/2014. These drug screens both revealed the injured worker's sample was negative for any Schedule II controlled substances. Californial Controlled Substance Utilization Review and Evaluation System (CURES) section of the guidelines states a physician may request a search for a Schedule II prescription history for patients with risk factors for drug abuse. The two previous screens served as evidence that this injured worker was not at risk for drug abuse. Medical necessity for a urine and drug screen on 8/21/2013 is not recommended.

