

<b>Case Number:</b>	CM14-0045883		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/20/2010
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Family Practice 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:

72 year old male claimant sustained a work injury on 5/20/10 involving the neck, low back, wrists and knees. An MRI of the neck and back showed disc protrusions in the cervical and lumbar spines. His pain had been controlled with oral analgesics. He had undergone acupuncture and over 12 sessions of chiropractor therapy. The treating physician requested urine screening almost monthly in the past several months to evaluate for drug monitoring. A progress note on 2/5/14 indicated the claimant had tenderness in the left wrist (7/10 pain), (8/10) lumbar region and right knee (8/10). The treating physician ordered a urine toxicology screen 4 treatment of acupuncture, 8 sessions of chiropractor therapy and topical cream. A follow up in 1 month indicated the physician requested another urine drug screen and 12 sessions of chiropractor sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic sessions 3 times a week for 4 weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

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

**Decision rationale:** According to the MTUS guidelines, chiropractor sessions are considered manual therapy. Manual therapy is recommended as an option for the low back. It is not recommended for the wrists or knees. The time to treatment is 6 treatments. In this case, the amount requested exceeds the amount recommended by the guidelines. In addition, the anatomic management for the sessions is not specified. The request for 12 sessions of chiropractor therapy is not medically necessary.

**Urinalysis for toxicology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- Use of drug screening Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology Page(s): 83-91.

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screenings are used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.