

<b>Case Number:</b>	CM14-0053110		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	12/26/2013
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 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:

Patient is a 65-year-old male who has submitted a claim for lumbar intervertebral disc displacement without myelopathy, lumbosacral spondylosis without myelopathy, and thoracic / lumbosacral neuritis associated with an industrial injury date of 12/26/2013. Medical records from 2013 to 2014 were reviewed. Patient complained of low back pain, graded 2/10 in severity. Physical examination of the lumbar spine showed no restricted motion or deformity. Heel and toe walk were normal. FABER test and pelvic compression test were negative. Motor, sensory and reflexes were normal. Treatment to date has included lumbar facet joint injection, chiropractic care, physical therapy, and medications such as Lisinopril, Sertraline, and Simvastatin. Previous utilization review from 03/28/2014 was not made available in the records submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractor x 12:** Upheld

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

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

**Decision rationale:** As stated on pages 58-59 of CA MTUS Chronic Pain Medical Treatment Guidelines, several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. There should be some outward sign of subjective or objective improvement within the first 6 visits for continuing treatment. In this case, chiropractic care including a stretching program was requested. However, progress report from 04/21/2014 cited that patient was already authorized to undergo 12 sessions of chiropractic care. There was no discussion concerning functional improvement that may warrant additional sessions at this time. Moreover, the request failed to specify body part to be treated. Therefore, the request for chiropractor x 12 is not medically necessary.

**Chem 8 panel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation labtestonline.org.

**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: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings, Journal of General Internal Medicine 2005 Volume 20, 331-333 (<http://onlinelibrary.wiley.com/doi/10.1111/j.1525-1497.2005.40182.x/full>).

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Journal of General Internal Medicine 2005 was used instead. It states that a large proportion of patients receiving selected chronic medications did not receive recommended laboratory monitoring in the outpatient setting. Further research is needed to determine to what degree these lapses in laboratory monitoring are associated with adverse clinical outcomes, to identify relevant methods to improve monitoring, and to clarify monitoring needs. A basic metabolic panel including calcium is sometimes colloquially referred to as a "CHEM-8". In this case, chem 8 panel was requested as part of the clinic protocol. However, there was no documented indication or rationale presented that may support the request for this patient. Therefore, the request for Chem 8 panel is not medically necessary.

**Hepatic panel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation labtestonline.org.

**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: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers'

Compensation, the Journal of General Internal Medicine was used instead. Literature concludes that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. In this case, hepatic panel was requested as part of the clinic protocol. However, there was no documented indication or rationale presented that may support the request for this patient. Therefore, the request for hepatic panel is not medically necessary.

**Arthritis panel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [labtestonline.org](http://labtestonline.org).

**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: University of South Carolina, Arthritis Panel (<http://www.muschealth.com/lab/content.aspx?id=150092>).

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Medical University of South Carolina, Arthritis Panel was used instead. It states that arthritis panel may be performed for screening or to assess the severity of rheumatoid arthritis. It may include ANA, anti-CCP, ESR, rheumatoid factor, serum CRP, and serum uric acid. In this case, arthritis panel was requested as part of the clinic protocol. However, there was no documented indication or rationale presented that may support the request for this patient. Therefore, the request for arthritis panel is not medically necessary.

**CPK:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [labtestonline.org](http://labtestonline.org).

**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: Medline Plus, creatine phosphokinase test (<http://www.nlm.nih.gov/medlineplus/ency/article/003503.htm>).

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Medline Plus, Creatine Phosphokinase Test was used instead. According to the online search, this test may be used to diagnose heart attack, evaluate cause of chest pain, determine if or how badly a muscle is damaged; detect dermatomyositis, polymyositis, and other muscle diseases; and tell the difference between malignant hyperthermia and postoperative infection. In this case, CPK was requested as part of the clinic protocol. However, there was no documented indication or rationale presented that may support the request for this patient. Therefore, the request for CPK is not medically necessary.