

Case Number:	CM14-0083812		
Date Assigned:	07/23/2014	Date of Injury:	08/07/2013
Decision Date:	09/22/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/05/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 43-year-old male who reported an injury on 08/07/2013. The mechanism of injury was not stated. Current diagnoses included lumbar sprain and soft tissue injury. The injured worker was evaluated on 04/10/2014 with complaints of persistent pain. The physical examination revealed limited range of motion of the left upper extremity. It is noted that the Primary Treating Physician's Progress Report is handwritten and mostly illegible. Previous conservative treatment included activity modification, physical therapy, and medication management. Treatment recommendations at that time included chiropractic treatment twice per week for 6 weeks, work conditioning twice per week for 6 weeks, a urine toxicology screening, and a prescription for 2 compounded creams. A Request for Authorization form was then submitted on 04/10/2014 for work conditioning and chiropractic therapy twice per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Conditioning times 12: 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 Page(s): 125-126.

Decision rationale: The California MTUS Guidelines state work conditioning and work hardening are recommended as an option depending on the availability of quality programs. A functional capacity evaluation may be required. There should be documentation of an adequate trial of physical therapy with an improvement followed by a plateau. There should be evidence of a defined return to work goal or specific job plan. The injured worker does not appear to meet criteria as outlined by the California MTUS Guidelines. There was no functional capacity evaluation submitted for this review. There was no evidence of a specific return to work goal or job plan. Additionally, the California MTUS Guidelines utilize ODG physical medicine guidelines for work conditioning, which allow for 10 visits over 8 weeks. The current request for 12 sessions of work conditioning exceeds the guideline recommendations. As such, the request is not medically necessary.

Chiropractic times 12: 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 Page(s): 58.

Decision rationale: The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. Treatment is recommended as a therapeutic trial of 6 visits over 2 weeks. The current request for 12 sessions of chiropractic treatment exceeds the guideline recommendations. There is also no specific body part listed in the request. Therefore, the request is not medically necessary.

Urine Drug Screen: 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 Page(s): 43, 77 and 89. Decision based on Non-MTUS Citation Pain Chapter, Urine Drug Testing.

Decision rationale: The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification, including the use of a testing instrument. Patients at low risk of addiction or aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. There was no mention of noncompliance or misuse of medication. There was also no indication that this injured worker falls under a high risk category that would require frequent monitoring. As such, the request is not medically necessary.