

<b>Case Number:</b>	CM14-0085054		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/20/2014
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 and 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 53-year-old male who reported injury on 03/20/2014. The mechanism of injury was the injured worker was unloading heavy pipes weighing approximately 150 pounds from a truck. The injured worker was noted to have x-rays of the lumbar and cervical spine. Prior treatments included physical therapy and medications. The documentation of 05/30/2014 revealed the injured worker continued to have decreased range of motion of the cervical and lumbar spine. The note was a chiropractic note. There was a Request for Authorization form submitted for the requested chiropractic treatment. There was no Request for Authorization submitted for the urine drug screen. There was a Request for Authorization for the Voltaren XR tablets.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Votaren XR (Extend Release) 100 mg. #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Voltaren.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicate that the first treatments include nonprescription analgesics in acute and subacute symptoms. If the treatment response is inadequate, prescribed pharmaceuticals or physical methods can be added. They do not specifically address Voltaren. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that oral Voltaren is recommended with caution; however, not as a first line drug. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of a first line drug. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating the original date of request. The Chronic Pain Guidelines were not applied as the injury was less than 6 months old. Given the above, the request for Voltaren XR (Extend Release) 100 mg. #30 is not medically necessary.

**Chiropractic Treatments three (3) times a week for four (4) weeks to the cervical and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-300, 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back Procedure Summary, Chiropractic Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 173, 298. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Low Back Chapter, Manipulation.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicate that manipulation appears to be safe and effective in the first few weeks of back pain without radiculopathy. Additionally, they indicate a trial of manipulation for injured workers with radiculopathy may also be an option. They do not specifically address the quantity of sessions. Additionally, for treatment of the cervical spine, the guidelines indicate that manipulation has been compared to other various treatments for injured workers with neck pain, and more than half favored manipulation. There was no specific number of sessions that were supported. As such, secondary guidelines were sought for both the cervical spine and lumbar spine. The Official Disability Guidelines indicate that for mild care, for treatment of the lumbar spine there should be a trial of 6 visits over 2 weeks. The request for 12 visits would be excessive. Additionally, they indicate that for moderate cervical strain, there should be a trial of 6 visits over 2 to 3 weeks. Given the above and the lack of documentation indicating a necessity for 12 sessions, the request for Chiropractic Treatments three (3) times a week for four (4) weeks to the cervical and lumbar spine is not medically necessary.

**Urine Test (DOS: 4/14/2014):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment & Workman's Compensation (TWC): Pain Procedure Summary, Urine Drug Testing (UDT).

**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, Urine drug testing (UDT).

**Decision rationale:** The Official Disability Guidelines indicate that urine drug testing is recommended at the onset of new injured worker treatments who are already receiving controlled substance or when chronic opioid management is considered. Additionally, the injured worker should be screened for at risk behavior. The clinical documentation submitted for review failed to provide a documented rationale. There was no physical examination and physician note for the date of 04/14/2014. The Chronic Pain Medical Treatment Guidelines were not applied as the injured worker was noted to be injured and was in an acute setting. Given the above, the request for Urine Test (DOS: 4/14/2014) is not medically necessary.