

Case Number:	CM14-0190588		
Date Assigned:	11/24/2014	Date of Injury:	12/11/2012
Decision Date:	01/09/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/14/2014

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 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:

The injured worker is a 24 year female who suffered an unknown work related injury on 12/11/12. She presented on 10/01/2014 with pain in the lumbar spine, bilateral hip, right ankle, and right foot as well as issues related to psyche and sleep. She noted slight improvement in the lower back after 8 chiropractic treatments. Pain is rated at 4-5/10 becoming 7/10 with prolonged standing, walking, or bending. She has been taking Ultram three tablets per day and reports improvement from 8/10 to 4/10 after taking her medication. The pain decreases with rest. The pain increases with activities. Examination of the lumbar spine revealed decreased range of motion in all planes. Kemp's sign was positive bilaterally. Straight leg raise test was positive on the right. Diagnoses include chronic right ankle sprain, lumbar strain, lumbar disc herniation with right lower extremity radicular pain and neurological findings, ring finger injury, tendinosis of the peroneal tendons, right ankle, and talofibular joint effusion. The request is for urine drug test, tramadol, and 12 additional chiropractic sessions. This request was denied by the Claims Administrator on 10/23/2014 and was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

UDS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Screen.

Decision rationale: Based on guidelines drug screens are recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs, adherence to a prescription drug regimen or to diagnose misuse, addiction. According to the medical records there is no documentation as to why urine drug screen is needed and thus not medically necessary.

Tramadol 50mg, continue: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-82.

Decision rationale: According to guidelines it states opioids should only be continued if there is functional improvement. It also states chronic use of opioids can lead to dependence and addiction. According to the patient's medical records it does not state the patient has functional improvement with Tramadol usage.

Chiropractic treatment times 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

Decision rationale: According to guidelines chiropractic manipulation in the acute phases of injury manipulation may enhance patient mobilization. If manipulation does not bring improvement in three to four weeks, it should be stopped and the patient reevaluated. Based on medical records there is no documentation of improvement and thus is not medically necessary.