

<b>Case Number:</b>	CM14-0191991		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	09/03/2002
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Neurology, has a subspecialty in Clinical Neurophysiology and is licensed to practice in Virginia. 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:

This is a 47-year-old female with a date of injury 03/9/2002. There is no documentation in the medical record of the mechanism of injury. According to the clinical notes dated 10/26/2005, the injured worker had undergone a left carpal tunnel release in July, 2003 and a right carpal tunnel release in December 2004. According to the clinical note dated 10/26/2005, her symptoms originally improved after the surgery but returned some time in 2005. There is an MRI of the left wrist documented and dated 2/5/2004 which showed a large subchondral cyst associated with a deformity of the proximal navicular bone. There is a clinical note dated 8/2/2012 which notes that the patient had some pain relief with her medication (Lyrica, Ultram and Voltaren) as well as the use of a TENS unit. The patient had undergone a series of chiropractic treatments for her neck pain between November 2012 and February 2014. There is a clinical note dated 3/26/2013, after the chiropractic treatments, which states that the injured worker continues to have significant neck and bilateral upper extremity pain but with some relief with the use of medication in her TENS unit. There is a clinical note dated 3/18/2014 which notes that she continues to have neck and bilateral upper extremity pain. The pain in her arms is worse on her left. There is numbness and tingling in both hands worse on the fourth and fifth digit on the left. On exam there is moderate cervical paraspinal tenderness right greater than left. There is tenderness to palpation of both wrists and forearms. Grip strength is 4/5 bilaterally. There is diminished sensation to pinprick in digits 4 and 5 of both hands. Deep tendon reflexes including biceps triceps and brachioradialis are within normal limits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **6 chiropractic treatments to the neck: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** MTUS guidelines states the acupuncture can be used as an option when pain medication's effectiveness is reduced or his not tolerated. Acupuncture may be used as an adjunct to physical rehabilitation and/or to surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation and to reduce muscle spasm. The guidelines further state that acupuncture treatments may be extended if functional improvement as documented. In the medical records detailed above, the injured worker had undergone prior chiropractic treatment. According to the records submitted for review there was no documentation of an improvement in the injured workers function after the first set of chiropractic treatments. Therefore according to the guidelines and a review of evidence, the request for 6 chiropractic treatments to the neck is not medically necessary.

## **1 urine drug screen: 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), Pain (acute and chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Medications Page(s): 78.

**Decision rationale:** MTUS chronic pain guidelines recommend a random drug screening for patients to avoid the misuse of opioids, particularly for those at a high risk for abuse. According to the records submitted above, the injured worker had undergone previous urine drug testing in March, 2013. This testing did not show any specific evidence of the misuse of illicit drugs. There is no documentation in medical records to suggest any aberrant behavior with the medical treatment plan. Therefore according to the guidelines and a review of the medical evidence, a request for a urine drug screen is not medically necessary at this time.