

<b>Case Number:</b>	CM14-0199393		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	12/02/2006
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/28/2014

### 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 Rehab, has a subspecialty in Interventional spine 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 patient is a 66 year old female with an injury date of 02/02/06. As per progress report dated 10/15/14, the patient complains of low back pain and bilateral shoulder pain. The patient states that she has knot in her lower back. The pain is causing sleep disturbances. In progress report dated 09/17/14, the patient complains of low back pain and right shoulder pain rated at 2-3/10. In chiropractic report dated at 07/23/14, the patient also complains of pain in left hip flexor. Medications, as per progress report dated 10/15/14, include Celebrex, Tramadol, Trepadone, and Percura. The patient has benefited from exercise and medical foods, as per progress report dated 09/17/14. The patient is working part time, as per progress report dated 10/15/14. Diagnoses, 10/15/14:- Right sacroiliac dysfunction- Chronic pain syndrome- Chronic pain-related insomnia The treater is requesting for (a) A Drug Screen (B) Chiropractic Sessions, Twice Weekly For Three Weekly (C) Additional Physical Therapy For The Right Shoulder, Twice Weekly For Four Weeks. The utilization review determination being challenged is dated 11/17/14. The rationale follows:(a) A Drug Screen - "The patient appears to be at low risk."(b) Chiropractic Sessions, Twice Weekly For Three Weekly - There is "no documentation that she has had functional improvement with chiropractic treatment in the past..."(c) Additional Physical Therapy For The Right Shoulder, Twice Weekly For Four Weeks - "The patient should be on an independent home exercise program at this point." Treatment reports were provided from 01/10/14 - 10/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines under opioid management Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug screen

**Decision rationale:** The patient presents with low back pain and along with right shoulder pain, rated at 2-3/10, as per progress report dated 09/17/14. The request is for A Drug Screen.MTUS p77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders."A review of the available progress reports indicates that the patient has been taking Tramadol (opioid) since at least 01/10/14. The treater has been requesting a urine drug screen consistently since then in every progress report "to assess medication compliance and identify possible drug diversion." However, no drug screen reports have been submitted for review. Additionally, the treater does not discuss the patient's risk assessment on opioid use. This does not appear to be a retrospective request since the Request for Authorization for is dated 10/15/14. Multiple urine toxicology tests without specific rationale would appear excessive. This request IS NOT medically necessary.

**Chiropractic sessions, twice weekly for three weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Section Page(s): 59 - 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

**Decision rationale:** The patient presents with low back pain and along with right shoulder pain, rated at 2-3/10, as per progress report dated 09/17/14. The request is for Chiropractic Sessions, Twice Weekly For Three Weekly.MTUS guidelines, pages 58-59, allow up to 18 sessions of treatments following initial trial of 3-6 if functional improvements can be documented. In progress report dated 10/15/14, the treater states that the patient "is having a minor setback with her low back pain," which may be indicative of a flare-up. The patient has received chiropractic treatment in the past, as per the available reports, and "responded well" to them. The treater is, therefore requesting for additional sessions. However, the reports do not document the number of sessions the patient has received and specific improvement in pain and function. Progress reports

lack pertinent information required to make a determination based on MTUS. Hence, the request IS NOT medically necessary.

**Additional physical therapy for the right shoulder, twice weekly for four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Section Page(s): 59 - 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 - 99.

**Decision rationale:** The patient presents with low back pain and along with right shoulder pain, rated at 2-3/10, as per progress report dated 09/17/14. The request is for Additional Physical Therapy for the Right Shoulder, Twice Weekly For Four Weeks. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." A review of the available progress reports indicates that the patient has had physical therapy in the past. In progress report dated 10/15/14, the treater states that the patient "is having a minor setback with her low back pain," which may be indicative of a flare-up. The patient has "responded well" to prior therapy. The treater is, therefore requesting for additional sessions. However, the reports do not document the number of sessions the patient has received and specific improvement in pain and function. There is no discussion as to why the patient is unable to perform home exercise to improve. Progress reports lack pertinent information required to make a determination based on MTUS. Hence, the request IS NOT medically necessary.