

<b>Case Number:</b>	CM14-0089377		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/06/2011
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52-year-old female who reported an injury on 05/06/2011. The mechanism of injury was not provided. She was diagnosed with grade 1 anterolisthesis L3-4 and L4-5. Her past treatments were noted to include medications, chiropractic therapy, physical therapy, and SI joint injections. On 03/31/2014, the patient presented for pain management follow-up. She reported persistent neck and back pain, which she rated 7/10 to 8/10 on a pain scale. She reported that her medications helped decrease her pain and increase her activity level. Reported that the medications decreased her pain by about 50% temporarily. The laboratory review indicated that labs were done on 04/01/2013 which showed normal CBC, with no serious abnormalities. A urine drug screen collected on 10/01/2013 revealed hydrocodone was detected, which was consistent. Upon physical examination, she was noted to have decreased range of motion in all planes of the cervical spine. Reflexes were normal, and she had a positive Spurling's on the left side. Upon physical examination of the lumbar spine, she was noted to have tenderness to palpation, and range of motion was decreased in all planes. Her current medications were noted to include Norco 10/325 up to 5 times a day as needed for pain and Robaxin 550 mg 3 times a day as needed for severe back and neck spasms. Treatment plan was noted to include a continuation of a home exercise program, medication, labs to monitor liver and kidney function and to monitor white blood count. Additionally, a request for additional chiropractic/physiotherapy sessions and a follow-up visit in 8 weeks. A request was submitted; however, the rationale was not provided for the requested items. A Request for Authorization was not submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Medical panel to evaluate hepatic and renal function Quantity: 10.00: 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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 70.

**Decision rationale:** The request for medical panel to evaluate hepatic and renal function quantity: 10.00 is not medically necessary. The California MTUS Guidelines state for patients who are on chronic NSAIDs, recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). The clinical documentation submitted for review does not provide any evidence that the patient is currently on chronic NSAIDs. It was noted the patient had a lab done on 04/01/2013, which showed a normal CBC with no serious abnormalities. Additionally, the clinical documentation indicated the patient denied any fevers, chills, or sweats. Rationale for the requested lab was not provided. Given the above information, the request is not supported by the guidelines. As such, the request for medical panel to evaluate hepatic and renal function quantity: 10.00 is not medically necessary.

**Creatinine Quantity: 1.00: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://labtestsonline.org/understanding/analytes/creatinine/tab/test>.

**Decision rationale:** The request for creatinine quantity: 1.00 is not medically necessary. The website Lab Tests Online indicates that tests may be ordered when a person has a nonspecific health complaint, when someone is acutely ill, and/or when a doctor suspects that a person's kidneys are not working properly. The clinical documentation submitted for review does not provide evidence of a nonspecific health complaint, and no evidence that the treating physician suspected the injured workers kidneys were not working. There was no documentation of fatigue, lack of concentration, poor appetite, or trouble sleeping. There was no indication of urine that was abnormal or any indications of high blood pressure were reported or reports of mid back pain (flank) or below the ribs pain where the kidneys are located. Given the above information, the request is not supported by the guidelines. As such, the request for creatinine quantity: 1.00 is not medically necessary.

**spectrophotometry Quantity: 1.00: 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 Drug testing Page(s): 43.

**Decision rationale:** The request for spectrophotometry quantity: 1.00 is not medically necessary. The California MTUS Guidelines note the use of urine drug screens is recommended an option to assess for the use or presence of illegal drugs. The guidelines also recommend the use of urine drug screen to ensure the patient is compliant with their full medication regimen. The clinical documentation failed to provide a rationale as to why a urine drug screen was needed. There is no documentation indicating that the patient had evidence of high risk of addiction or substance dependence. Additionally, the most recent note is dated for 03/31/2014, and it is unclear whether the injured worker has obtained a urine drug screen since then. Given the above information, the request is not supported by the guidelines. As such, the request for spectrophotometry quantity: 1.00 is not medically necessary.

**Additional chiropractic/ Physiotherapy for the back Quantity 8.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

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

**Decision rationale:** The request for additional chiropractic/ physiotherapy for the back quantity 8.00 is not medically necessary. The California MTUS Guidelines state that manual therapy and manipulation are recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions, and with objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be appropriate. If chiropractic treatment is going to be effective, there should be an outward sign of subjective or objective improvement within the first 6 visits. The clinical documentation indicated the injured worker has had prior chiropractic treatment; however, it is unclear whether the injured worker had objective functional improvement within the previous treatments. Additionally, there were no exceptional factors to warrant additional visits beyond the guideline recommendations. As such, the request for additional chiropractic/ physiotherapy for the back quantity 8.00 is not medically necessary.

**follow up with pain management quantity 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Office visits.

**Decision rationale:** The request for follow up with pain management quantity 1.00 is not medically necessary. The California MTUS/ACOEM Guidelines state physician follow-up can occur when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected, on average. More specifically, the Official Disability Guidelines state the need for clinical office visit with a health care provider is individualized based on a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The clinical documentation submitted for review does not provide evidence of significant change in the clinical presentation or treatment plan, and the injured worker is not shown to have any status changes or new symptoms when the injured worker presented to the 03/31/2014 visit. Based on the lack of documentation indicating a significant change in the injured worker's clinical presentation, the request for a follow-up visit for pain management is not warranted. As such, the request for follow up with pain management quantity 1.00 is not medically necessary.

**Ph; body fluid Quantity: 1.00:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://labtestsonline.org/understanding/conditions/acidosis/start/2>.

**Decision rationale:** The request for ph; body fluid quantity: 1.00 is not medically necessary. Lab Tests Online states the goals of testing pH are to identify whether an individual has an acid/base imbalance, to determine how severe the imbalance is, and to help diagnose underlying diseases or conditions (such as diabetic ketoacidosis or the ingestion of a toxin) that may have caused the acid/base disturbance. Additionally, the guidelines state testing is also done to monitor critically ill people as well as those with conditions known to affect acid/base balance, such as chronic lung disease and kidney disease. The clinical documentation submitted for review does not provide evidence the injured worker has chronic lung disease, an acid/base imbalance, or kidney disease. Additionally, the treating physician did not provide a rationale as to why the test was being ordered. Given the above information, the request is not supported by the guidelines. As such, the request for ph; body fluid quantity: 1.00 is not medically necessary.