

<b>Case Number:</b>	CM15-0002930		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	02/11/2012
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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 63-year-old male who reported an injury on 11/01/1976. The mechanism of injury was not stated. The current diagnoses include C3-T1 disc degeneration with stenosis and spondylosis, lumbar pain, neurogenic claudication, bilateral knee degenerative joint disease, status post total knee replacement, right shoulder degenerative joint disease, status post shoulder replacement, left shoulder rotator cuff tear, contact dermatitis, chronic fatigue syndrome, and status post left shoulder rotator cuff repair. The injured worker presented on 12/12/2014 with complaints of persistent pain over multiple areas of the body. Upon examination, there was an antalgic gait, decreased sensation over the right L3 and L4 dermatomal distributions, 2+ deep tendon reflexes, 5/5 motor strength, and negative straight leg raise. Recommendations included a course of chiropractic therapy, a repeat lumbar epidural steroid injection, a referral to a gastroenterologist, and a referral to a family care physician. It was also noted that the injured worker may undergo random urine toxicology screening to verify medication compliance. A Request for Authorization form was then submitted on 12/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic for the cervical, lumbar spine and bilateral knees and shoulders, 2 times a week for 4 weeks:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. Treatment for the spine is recommended as a therapeutic trial of 6 visits over 2 weeks. Treatment for the knee is not recommended. The current request for 8 sessions of chiropractic therapy would exceed guideline recommendations. Additionally, the California MTUS Guidelines do not recommend manual therapy and manipulation for the knee. There was no documentation of a significant musculoskeletal or neurological deficit upon physical examination. Given the above, the request is not medically appropriate.

**Random urine toxicology screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, Urine Drug Testing (UDT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, and 89. Decision based on Non-MTUS Citation 43, 77, and 89

**Decision rationale:** The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there was no mention of noncompliance or misuse of medication. There is no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the medical necessity has not been established. As such, the request is not medically appropriate at this time.