

<b>Case Number:</b>	CM15-0009197		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	04/17/2013
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of April 17, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; earlier cervical fusion surgery; epidural steroid injection therapy; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated December 26, 2014, the claims administrator failed to approve requests for urine drug screen and 12 sessions of chiropractic manipulative therapy for the shoulder and neck. The claims administrator did, however, approve laboratory testing. The claims administrator referenced an RFA form dated December 2, 2014 at the top of its report, although this was not summarized, it was incidentally noted. In a July 29, 2014 Medical-legal Evaluation, the applicant presented with primary complaints of neck and shoulder pain. The applicant had not worked since 2013 and was receiving workers compensation indemnity benefits, it was acknowledged. The applicant was using tramadol, Motrin, and Zantac, it was acknowledged as of that point in time. In a December 2, 2014 progress note, the applicant reported ongoing complaints of neck and shoulder pain, 7/10. Tramadol and Motrin were endorsed, along with chiropractic manipulative therapy. The treating provider acknowledged that the applicant had received previous manipulative therapy at an earlier point in the claim, in late 2013. The applicant did exhibit well-preserved left shoulder range of motion, with abduction and flexion to 160- to 170-degree range. The applicant was given a prescription for tramadol and Motrin. Manipulative therapy was endorsed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**POC-Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine Drug Testing (UDT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic. Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic

**Decision rationale:** While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, and attempt to categorize the applicants into higher- or lower-risk categories for who more or less frequent drug testing would be indicated. Here, however, the attending provider did not state which drug tests and/or drug panels he intended to test for. The attending provider did not identify when the applicant was last tested. The attending provider did not signal his intention to conform to the best practices of the United States Department of Transportation (DOT). The attending provider made no effort to categorize the applicant into higher- or lower-risk categories for which more or less frequent drug testing would be indicated. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

**Chiro/physiotherapy plus manipulation 3x4 Left shoulder and cervical spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation topic Page(s): 59-60.

**Decision rationale:** While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, in this case, however, the applicant was/is off of work, both the treating provider and a medical-legal evaluator acknowledged, above. The applicant had had earlier chiropractic manipulative therapy in 2013, the applicant's current treating provider acknowledged. Pursuit of additional chiropractic manipulative therapy/physiotherapy, thus, was not indicated in the face of the applicant's failure to return to work. Therefore, the request was not medically necessary.

