

<b>Case Number:</b>	CM15-0103916		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	09/02/2014
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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

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 injured worker is a 25-year-old male, who sustained an industrial injury on September 2, 2014. He reported starting to have back, mid-back, and neck pain. The injured worker was diagnosed as having L4-L5 and L5-S1 disc bulge, T4-T5 disc protrusion, multilevel cervical disc bulges, multilevel thoracic disc bulges, radiculopathy/radiculitis of the upper and lower extremities, depression, and gastrointestinal (GI) pain due to the ibuprofen. Treatment to date has included MRIs and medication. Currently, the injured worker complains of continued severe back pain, severe mid back pain, neck pain, radiculopathy with shooting pain down the arm as well as the legs with numbness, depression, and stomach pain due to the anti-inflammatory medication. The Treating Physician's report dated May 4, 2015, noted the injured worker continued to have significant pain, with decreased sensation in the fourth and fifth digits bilaterally. Physical examination was noted to show pain to palpation at L4-L5 and L5-S1 with palpable spasms and spasms in the midback area with pain to palpation at multiple levels. The treatment plan was noted to include prescription for Protonix, a 12 panel urine drug screen (UDS), and physical therapy and chiropractic treatments therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Analysis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 43.

**Decision rationale:** The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Urine Analysis is not medically necessary.

**Physical therapy 2x6 weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 58-60.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. Patient has completed 8 sessions of physical therapy for the lumbar spine to date. There is no documentation of objective functional improvement. Physical therapy 2x6 weeks for the lumbar spine is not medically necessary.

**Acupuncture 2x6 for the lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 58-60.

**Decision rationale:** The Acupuncture Medical Treatment Guidelines state that the initial authorization for acupuncture is for 3-6 treatments. Authorization for more than 6 treatments would be predicated upon documentation of functional improvement. The request for 12 treatments is greater than the number recommended for a trial to determine efficacy. Original reviewer modified request from 12 sessions to 6 sessions. Acupuncture 2x6 for the lumbar is not medically necessary.

**Chiropractic 2x6 weeks for the lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 58-60.

**Decision rationale:** The request is for 12 visits of chiropractic. The Chronic Pain Medical Treatment Guidelines allow for initial 4-6 visits after which time there should be documented functional improvement prior to authorizing more visits. The request for 12 chiropractic visits is more than what is medically necessary to establish whether the treatment is effective. Original reviewer modified request from 12 sessions to 6 sessions. Chiropractic 2x6 weeks for the lumbar is not medically necessary.