

<b>Case Number:</b>	CM15-0138481		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	06/09/2011
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: 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 40 year old male with an industrial injury dated 06-19-2011 and 09-12-2012. The mechanism of injury is documented as a fall resulting in right hand pain and right arm pain. Diagnosis is not documented. Prior treatment included medications and diagnostics. He presents on 04-15-2005 with complaints of low back pain. There was decreased range of motion of lumbar spine with tenderness and spasm noted at lumbar 4-5. Treatment request is for: X-ray lumbar, Urinalysis for toxicology, MRI lumbar, Follow up in 4 weeks, Chiropractic therapy 2 times a week for 4 weeks, Acupuncture 1 times a week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urinalysis for toxicology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under Urine Drug Testing.

**Decision rationale:** The patient presents with low back pain. The request is for urinalysis for toxicology. Examination to the lumbar spine, per an undated progress report, revealed positive leg raise testing. Per the same undated progress report, patient's diagnosis includes Les extruded disc. Patient's work status was not provided. MTUS Chronic Pain Medical Treatment Guidelines, for Testing, pg 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing states: 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. In this case, only one hand written, undated progress report was provided. No RFA was provided either. In this case, the patient's prescriptive report was not available and it is not clear if the patient is utilizing opioid medication. Given the lack of proper documentation, the request cannot be substantiated. Therefore, the request IS NOT medically necessary.

**Follow up in 4 weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Follow-up Visits. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Office visits.

**Decision rationale:** The patient presents with low back pain. The request is for follow up in 4 weeks. Examination to the lumbar spine, per an undated progress report, revealed positive leg raise testing. Per the same undated progress report, patient's diagnosis includes Les extruded disc. Patient's work status was not provided. ACOEM Practice Guidelines, 2nd Edition (2004), chapter 12, Low Back, page 303, for Follow-up Visits states: 'Patients with potentially work-related low back complaints should have follow-up every three to five days by a midlevel practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns. Health practitioners should take care to answer questions and make these sessions interactive so that the patient is fully involved in his or her recovery. If the patient has returned to work, these interactions may be conducted on site or by telephone to avoid interfering with modified- or full-work activities. 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. Physician follow-up might be expected every four to seven days if the patient is off work and seven to fourteen days if the patient is working.' ODG-TWC Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Office visits Section states, "Recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." In this case, only one hand written, undated progress report was provided. No RFA was provided either. The patient continues with low back pain. ODG guidelines recommend office visits with the primary treating physician to review patient concerns, signs and symptoms, and progress. Therefore, the request IS medically necessary.

**Chiropractic therapy 2 times a week for 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The patient presents with low back pain. The request is for chiropractic therapy 2 times a week for 4 weeks. Examination to the lumbar spine, per an undated progress report, revealed positive leg raise testing. Per the same undated progress report, patient's diagnosis includes Les extruded disc. Patient's work status was not provided. MTUS Guidelines, pages 58-59, Chronic Pain Medical Treatment Guidelines: Manual therapy & manipulation recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. In this case, only one hand written, undated progress report was provided. No RFA was provided either. Per utilization review letter dated 06/30/15, the patient has had unknown prior sessions of chiropractic care. However, the treater has not documented pain reduction and functional improvement resulting from chiropractic therapy. Furthermore, MTUS guidelines recommend a trial of up to 6 visits over 2 weeks and the requested 8 visits, in addition to prior chiropractic visits exceeds what is allowed by MTUS and therefore, the request IS NOT medically necessary.

**Acupuncture 1 times a week for 4 weeks: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, under Acupuncture.

**Decision rationale:** The patient presents with low back pain. The request is for acupuncture 1 time a week for 4 weeks. Examination to the lumbar spine, per an undated progress report, revealed positive leg raise testing. Per the same undated progress report, patient's diagnosis includes Les extruded disc. Patient's work status was not provided. 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments. (ii) Frequency: 1 to 3 times per week. (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." ODG guidelines, Low Back chapter, under Acupuncture states: Initial trial of 3-4 visits over 2 weeks With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks. (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) In this case, only one hand written, undated progress report was provided. No RFA was provided either. The patient suffers

with pain in the low back. Review of the medical records do not indicate prior acupuncture treatment. MTUS guidelines recommend 3 to 6 visits 1 to 3 times a week over 2 months. The request for 4 acupuncture visits appears reasonable and within guideline recommendations. Therefore, the request IS medically necessary.

**MRI lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs.

**Decision rationale:** The patient presents with low back pain. The request is for MRI lumbar. Examination to the lumbar spine, per an undated progress report, revealed positive leg raise testing. Per the same undated progress report, patient's diagnosis includes Les extruded disc. Patient's work status was not provided. Regarding MRI of L-spine ACOEM guidelines, Chapter 12, page 303 states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG-TWC guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) has the following: "Indications for imaging -- Magnetic resonance imaging: -Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit." ODG guidelines discuss chronic pain and under L-spine chapter, indications for MRI's include suspicion of cancer infection, other "red flags"; radiculopathy after at least 1 month conservative therapy; prior lumbar surgery; cauda equina syndrome. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, only one hand written, undated progress report was provided. No RFA was provided either. Review of the medical reports provided indicate an undated prior MRI of the lumbar spine; the findings however, were not provided. According to the guidelines, for an updated or repeat MRI, the patient must be post-operative or present with a new injury, red flags such as infection, tumor, fracture or neurologic progression. Based on the available records, patient does not present with any of these. Therefore, the request IS NOT medically necessary.

**X-ray lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back Chapter under Flexion/Extension Imaging Studies.

**Decision rationale:** The patient presents with low back pain. The request is for x-ray lumbar. Examination to the lumbar spine, per an undated progress report, revealed positive leg raise testing. Per the same undated progress report, patient's diagnosis includes Les extruded disc.

Patient's work status was not provided. ODG Guidelines, Low Back Chapter under Flexion/Extension Imaging Studies Section, recommends it for spinal instability, "may be a criteria prior to fusion, for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery." MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), pg 303-305, Chapter 12 "Low Back Complaints" under Special Studies and Diagnostic and Treatment Considerations states: "Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks." The patient suffers with low back pain and had a positive straight leg-raising test. Review of the medical records provided did not indicate prior lumbar x-rays. In this case, there is no mention of instability or spondylolisthesis, and there are no discussions regarding red flags for serious spinal pathology. This request is not in accordance with guideline recommendations and therefore, IS NOT medically necessary.