

<b>Case Number:</b>	CM15-0193484		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	12/03/2009
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 sustained an industrial-work injury on 12-3-09. He reported initial complaints of lumbar pain. The injured worker was diagnosed as having strain-sprain of the lumbar spine with bulging discs and radiculopathy, right plantar fasciitis, left plantar fasciitis, posterior disc bulge, annular fissure in lumbar spine, facet hypertrophy, and neural foraminal narrowing. Treatment to date has included medication and diagnostics. Currently, the injured worker complains of low back pain with occasional pain in the left leg and bilateral feet that is exacerbated by prolonged sitting and standing-walking activities. Norco is taken for breakthrough pain. Current medication gives improvement in pain. Pain is 4 out of 10 with medication and 8 out of 10 without. Urine drug screen from 5-13-15 was consistent with prescribed meds. Per the primary physician's progress report (PR-2) on 8-4-15, exam reveals limited range of motion of the lumbar spine, positive straight leg raise on the left. Report from 9-1-15 demonstrates same status with request for chiropractic treatment to reduce pain and improve function and urine drug screen. The Request for Authorization requested service to include Chiropractic sessions for the lumbar spine, twice a week for four weeks and Urine Drug Screen. The Utilization Review on 9-15-15 denied the request for Chiropractic sessions for the lumbar spine, twice a week for four weeks and Urine Drug Screen, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic sessions for the lumbar spine, twice a week for four weeks:** Upheld

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

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

**Decision rationale:** According to the MTUS guidelines, Chiropractic therapy is considered manual therapy. It is recommended for chronic musculoskeletal pain. For Low back pain, therapeutic care is for 6 visits over 2 weeks with functional improvement up to a maximum of 18 visits over 8 weeks. The therapeutic benefit of the modalities was not specified. In this case, the claimant has undergone numerous but non-quantifiable amount of therapy over the past 3 years. As a result, additional chiropractor therapy is not necessary.

**Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests).

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance abuse or other inappropriate activity. The claimant has had multiple urine screens over the past few years. Based on the above references and clinical history a urine toxicology screen is not medically necessary.