

Case Number:	CM15-0023378		
Date Assigned:	02/13/2015	Date of Injury:	09/29/2005
Decision Date:	04/09/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/08/2015

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 61 year old female, who sustained an industrial injury on 9/29/05. She has reported neck and back injuries. The diagnoses have included lumbar strain/sprain, thoracic/lumboisacral neuritis/radiculitis, and neck sprain/strain. Treatment to date has included medications, physical therapy and conservative measures. Currently, the injured worker complains of pain in the neck and lumbosacral spine. She has been doing physical therapy and taking her medications with some benefit. The physical exam revealed positive tenderness to the trapezius with spasm and decreased range of motion of the lumbosacral spine. The Spurling's test was positive. Current medications included Omeprazole, Neurontin and Cymbalta. The urine drug screen dated 7/23/14 was consistent with medications prescribed. There was physical therapy sessions noted previously. On 1/28/15 Utilization Review non-certified a request for Mobic 7.5mg #90, Chiropractic x 8 visits cervical/lumbar, and Urine drug screen, noting the (MTUS) Medical Treatment Utilization Schedule chronic pain and (ACOEM) Occupational Medicine Practice Guidelines chapter 8 necks and upper back complaints and chapter 12 low back complaints were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 7.5mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: The injured worker is a 61-year-old female, who sustained an industrial injury on 9/29/05. She has reported neck and back injuries. The diagnoses have included lumbar strain/sprain, thoracic/lumboisacral neuritis/radiculitis, and neck sprain/strain. Treatment to date has included medications, physical therapy and conservative measures. Currently, the injured worker complains of pain in the neck and lumbosacral spine. She has been doing physical therapy and taking her medications with some benefit. The physical exam revealed positive tenderness to the trapezius with spasm and decreased range of motion of the lumbosacral spine. The Spurling's test was positive. Current medications included Omeprazole, Neurontin and Cymbalta. The urine drug screen dated 7/23/14 was consistent with medications prescribed. There was physical therapy sessions noted previously. On 1/28/15 Utilization Review non-certified a request for Mobic 7.5mg #90, Chiropractic x 8 visits cervical/lumbar, and Urine drug screen, noting the (MTUS) Medical Treatment Utilization Schedule chronic pain and (ACOEM) Occupational Medicine Practice Guidelines chapter 8 necks and upper back complaints and chapter 12 low back complaints were cited.

Chiropractic x 8 visits cervical/lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: Per the 11/07/14 report the patient presents with chronic neck and lower back pain s/p cervical fusion in 2003. The current request is for CHIROPRACTIC X 8 VISITS CERVICAL LUMBAR. The RFA is not included; however, the UR states it is dated 01/21/15. The patient is working full time as of 07/23/14. MTUS Manual Therapy and Manipulation guidelines pages 58, 59 state that treatment is "recommended for chronic pain if caused by musculoskeletal conditions. MTUS 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. For manual therapy, the MTUS guidelines on page 59 states: Delphi recommendations in effect incorporate two trials with a total of up to 12 visits with a re-evaluation in the middle, before also continuing up to 12 more visits (for a total of up to 24). The 01/29/14 Supplemental report appeal-- states the patient received substantial relief with her prior chiropractic care allowing her to do more ADL's and use less pain medicine. Specific functional improvement and decreased use of medications are not documented. The medical reports provided from 07/23/14 to 11/11/14 do not discuss

chiropractic treatment or discuss how many sessions were completed. No chiropractic treatment reports are included for review. In this case, lacking a clear picture of the patient's prior treatment, additional sessions may exceed what is allowed by guidelines. The request IS NOT medically necessary.

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: Per the 11/07/14 report the patient presents with chronic neck and lower back pain s/p cervical fusion in 2003. The current request is for URINE DRUG SCREEN. The RFA is not included; however, the UR states it is dated 01/21/15. The patient is working full time as of 07/23/14. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. The 01/29/14 Supplemental report appeal states: She had been taking narcotics previously as documented in my initial consult. Before her most recent urine screen was over 3 months ago. In this case, the summary list of medications provided in medical reports provided from 07/23/14 to 11/14/14 do not show opiates nor is the use of a specific opiate discussed. The 07/23/14 UDS report provided shows negative for narcotics/opioids. In this case, there is no specific evidence in the reports provided that opiates are prescribed or that the user is at risk as a user of opiates. The request IS NOT medically necessary.