

Case Number:	CM15-0024110		
Date Assigned:	02/13/2015	Date of Injury:	11/22/2013
Decision Date:	03/31/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/09/2015

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 low back pain reportedly associated with an industrial injury of November 22, 2013. In a utilization review report dated January 12, 2015, the claims administrator failed to approve a request for chiropractic manipulative therapy, urine drug screen, and Norco. The claims administrator referenced a December 20, 2014 progress note in its determination. The claims administrator contented that the applicant was off work. The applicant's attorney subsequently appealed. On July 9, 2014, the applicant was described as having completed physical and manipulative therapy. Work restrictions were endorsed. It was suggested (but not clearly stated) that the applicant's employer was unable to accommodate said limitations. On August 18, 2014, the applicant was asked to pursue six sessions of chiropractic manipulative therapy for the lumbar spine. Norco was endorsed, as were work restrictions. 8/10 multifocal pain complaints were reported. In a medical-legal evaluation dated November 27, 2014, the medical-legal evaluator acknowledged that the applicant was not working. The applicant had a variety of issues with chronic pain and emotional distress. The applicant was having difficulty performing activities of daily living as basic as sitting, standing, walking, and negotiating stairs. On September 26, 2014, the applicant was placed off work, on total temporary disability. Pain complaints as high as 9/10 were evident. The applicant was using Norco as of that point in time. On January 26, 2015, an additional 12 sessions of chiropractic manipulative therapy for neck and low back pain were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy two times a week for six weeks in treatment of the cervical and lumbar spine quantity: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.2.

Decision rationale: 1. No, the request for 12 sessions of chiropractic manipulative therapy was not medically necessary, medically appropriate, or indicated here. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do 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 work, on total temporary disability, despite receipt of earlier unspecified amounts of manipulative therapy over the course of the claim. Therefore, the request for 12 additional sessions of chiropractic manipulative therapy was not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (E).

Decision rationale: 2. Similarly, the request for a urine drug screen was likewise not medically necessary, medically appropriate, or indicated here. 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, notes that an attending provider should attach an applicant's complete medication list to the request for authorization for testing, should eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, should attempt to conform to the best practices of the United States Department of Transportation when performing testing, and should attempt to categorize applicants into higher or lower risk categories for which more or less frequent drug testing would be indicated. Here, however, it was not stated when the applicant was last tested. Multiple progress notes, referenced above, failed to discuss or detail the applicant's complete medication list. It was not clearly stated what drug tests and/or drug panels were being tested for. The attending provider did not signal his intention to conform to the best practices of the United States Department of Transportation when performing testing, nor did the attending provider signal his intention to eschew confirmatory or quantitative drug

testing here. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

Norco 7.5/325mg one tab q8hr quantity: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.2.

Decision rationale: Finally, request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is no longer working, it was acknowledged on several progress notes, referenced above. The applicant reported pain complaints in the 8-9/10 range and also reported difficulty performing activities of daily living as basic as sitting, standing, walking, and negotiating stairs. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.