

Case Number:	CM15-0025372		
Date Assigned:	02/17/2015	Date of Injury:	10/28/2009
Decision Date:	04/09/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/10/2015

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: Pennsylvania, Ohio, 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 62 year old male, who sustained an industrial injury on 10/28/2009. On provider visit dated 02/9/2012 the injured worker has reported chronic anxiety and depression. The diagnoses have included depression NOS and chronic pain. Treatment to date has included psychiatric treatment and medication. There were limited medical records submitted for this review. On 01/09/2015 Utilization Review non-certified Chiropractic Therapy 1 x 8 weeks and Urine Drug Screen. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy 1 x 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

Decision rationale: MTUS discusses manual therapy and manipulation for musculoskeletal conditions. This guideline does not recommend elective/maintenance treatment, as would be applicable in this chronic timeframe. The records do not provide an alternate rationale to support chiropractic treatment at this time. The request is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ongoing use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: MTUS discusses drug testing as an option. The records in this case indicate the patient has been prescribed Norco; however the frequency and results from past drug testing and current risk factors for aberrant behavior are not discussed. Without understanding such risk stratification for aberrant behavior, it is not possible to determine an indication for drug screening at this time. The request is not medically necessary.