

Case Number:	CM15-0222759		
Date Assigned:	11/18/2015	Date of Injury:	01/14/2002
Decision Date:	12/31/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/12/2015

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: Emergency 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 injured worker is a 63-year-old female, who sustained an industrial injury on 1-14-2002. Medical records indicate the worker is undergoing treatment for prior lumbar surgery with fusion, chronic right lumbar 5 radiculopathy and chronic coccydynia post coccyx fracture-subluxation. A recent progress report dated 9-10-2015, reported the injured worker complained of low back pain, rated 5-7 out of 10 with medications and 8 out of 10 without medications. Physical examination revealed bilateral lumbar tenderness, lumbosacral tenderness and muscle spasms. Lumbar magnetic resonance imaging showed prior fusion and disc desiccation at lumbar 2-3 with disc bulge. Treatment to date has included lumbar surgery, physical therapy and Norco. On 9-16-2015, the Request for Authorization, requested a urine drug screen and chiropractic care x 6 visits for the low back. On 10-14-2015, the Utilization Review noncertified the request for urine drug screen and chiropractic care x 6 visits for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, screening for risk of addiction (tests).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: The requested Urine drug screening is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has low back pain, rated 5-7 out of 10 with medications and 8 out of 10 without medications. Physical examination revealed bilateral lumbar tenderness, lumbosacral tenderness and muscle spasms. Lumbar magnetic resonance imaging showed prior fusion and disc desiccation at lumbar 2-3 with disc bulge. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months nor what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There are also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Urine drug screening is not medically necessary.

Chiropractic treatment 2 times a week for 3 weeks for the low back: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

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

Decision rationale: The requested Chiropractic treatment 2 times a week for 3 weeks for the low back, is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Manual Therapy and Manipulation, Pages 58-59, recommend continued chiropractic therapy with documented objective evidence of derived functional benefit. The injured worker has low back pain, rated 5-7 out of 10 with medications and 8 out of 10 without medications. Physical examination revealed bilateral lumbar tenderness, lumbosacral tenderness and muscle spasms. Lumbar magnetic resonance imaging showed prior fusion and disc desiccation at lumbar 2-3 with disc bulge. The treating provider has documented the medical necessity for a current trial of chiropractic therapy. The criteria noted above having been met, Chiropractic treatment 2 times a week for 3 weeks for the low back is medically necessary.