

Case Number:	CM15-0032221		
Date Assigned:	02/25/2015	Date of Injury:	11/27/2013
Decision Date:	05/01/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/20/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 62-year-old male who sustained an industrial injury on 11/27/2013. Diagnoses include superior glenoid labrum lesions, displacement of cervical and lumbar intervertebral disc without myelopathy, and other affections of shoulder regional and lateral epicondylitis of elbow. Treatment to date has included surgery, diagnostic studies, medications, chiropractic sessions, physical therapy, and injections. A physician progress note dated 12/04/2014 is hand written and partially illegible. The injured worker has limited range of motion of the cervical and lumbar spine and pain. The treatment plan includes medications, chiropractic sessions, and noninvasive DNA test, and urinalysis test for toxicology. Treatment requested is for additional chiropractic therapy 2 x week x 4 weeks CS, right shoulder, LS, right elbow, and noninvasive DNA Tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic Therapy 2 x week x 4 weeks CS, Right shoulder, LS, Right elbow:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Chiropractic care and Manipulation.

Decision rationale: MTUS guidelines do not specifically address cervical neck chiropractic therapy, but does discuss chiropractic therapy in general. Guidelines state that chiropractic therapy is recommended for chronic pain if caused by musculoskeletal conditions. MTUS additionally quantifies a frequency: one to two times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at one treatment per week for the next 6 weeks. With a maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at one treatment every other week until the patient has reached plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered maximum may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. ODG writes it would not be advisable to use beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. Additionally, ODG details criteria for treatment: Regional Neck Pain: Nine visits over 8 weeks; Cervical Strain: Intensity & duration of care depend on severity of injury as indicated below, but not on causation. These guidelines apply to cervical strains, sprains, whiplash (WAD), acceleration/deceleration injuries, motor vehicle accidents (MVA), including auto, and other injuries whether at work or not. The primary criterion for continued treatment is patient response, as indicated: Mild (grade I - Quebec Task Force grades): up to six visits over 2-3 weeks. Moderate (grade II): Trial of six visits over 2-3 weeks. Moderate (grade II): With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, avoid chronicity. Severe (grade III): Trial of 10 visits over 4-6 weeks; Severe (grade III): With evidence of objective functional improvement, total of up to 25 visits over 6 months, avoid chronicity. Cervical Nerve Root Compression with Radiculopathy: Patient selection based on previous chiropractic success --Trial of six visits over 2-3 weeks. With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, if acute, avoid chronicity and gradually fade the patient into active self-directed care. Post Laminectomy Syndrome: 14-16 visits over 12 weeks. Medical records indicate that this patient has undergone cervical chiropractic treatment. The documents provided did not indicate how many the patient has undergone. Therefore, it is unclear if the trial therapy has been completed or not. The guidelines can allow for therapy up to 25 sessions, but the treatment notes do not indicate applicable medical conditions for such quantity of treatment. The treating physician does not note any improved objective or subjective findings, which is necessary for ongoing therapy. As such, the request for 12 Visits Chiropractic Treatment is not medically necessary.

Noninvasive DNA Tests: 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 (ODG) Opioid, Genetic testing for potential opioid abuse.

Decision rationale: While MTUS does not specifically mention DNA testing in regards to drug testing, it does state that urine drug testing is preferred for drug testing. The request for one-time DNA test with buccal swab specimen is not the preferred method. The DNA isolation method appeared to be extremely useful to discriminate between genotypes and identify the potential for medication abuse. Additionally, ODG specifically states regarding Genetic testing for potential opioid abuse that it is not recommended and while there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. There is not current research that indicates improved clinical outcomes with this type of testing. The treating physician has not provided rationale behind this request or how it would alter current treatment plans. As such, the request for Noninvasive DNA Tests is not medically necessary.