MAXIMUS Federal Services

Case Number:	CM15-0035278		
Date Assigned:	03/03/2015	Date of Injury:	08/02/2007
Decision Date:	04/15/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/25/2015

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 59-year-old male who sustained a work related injury on August 2, 2007, after pulling a heavy basket of titanium parts causing pain in his back, neck, shoulders and left arm and elbow. He was diagnosed with a cervical spine sprain and lumbar spine herniated nucleus pulpous, and lumbar sprain with right radiculopathy. Treatments included anti-inflammatory drugs, pain medications, topical creams, and chiropractic and physiotherapy modalities. Currently, the injured worker complained of chronic pain, radiating to the left arm with numbness, tingling and paresthesias. On January 28, 2015, a request for a Urinalysis for toxicology, a Follow up examination in four weeks; chiropractic sessions two times a week for four weeks for the cervical spine and left elbow; and Acupuncture one time a week for four weeks for the left elbow, was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis for toxicology: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiate management Page(s): 77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: This patient has a date of injury of 08/02/2007 and continues to complain of right shoulder, low back, neck, and left elbow pain. The current request is for urinalysis for toxicology. The medical file provided for review does not include a request for authorization. The MTUS Guidelines, page 76, under opiate management has the following: Consider the use of urine drug test for the presence of illegal drugs. The ODG Guidelines under the pain chapter provides clear recommendation on how frequent urine drug screens should be obtain for various risk opiate users. ODG Guidelines recommend once-yearly urine drug screen following initial screening for the first 6 months of management of chronic opiate use in low-risk patients. There is no discussion regarding this patient being at risk for aberrant behaviors. Furthermore, the medical file provided for review is scarce and provides no discussion regarding medications. The utilization review denied the request stating that it is unclear if previous urine drug tests have been documented for this claimant, and there is no documentation provided that the attending provider has incorporated these prior results in his medication prescription. ODG states that once-yearly urine drug screens are sufficient for patients that are low risk and that are on an opiate regimen. In this case, given there is no indication of opiate use, recommendation for urinalysis for toxicology IS NOT medically necessary.

Follow up exam in four weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: This patient has a date of injury of 08/02/2007 and continues to complain of right shoulder, neck, low back, and left elbow pain. The current request is for follow-up exam in 4 weeks. The medical file provided for review does not include a request for authorization. The ACOEM Guidelines, chapter 12, low back, page 303, has the following regarding follow-up visits, Patients with potentially work-related low back complaints should have follow-up every 3 to 5 days by mid-level practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns. Follow-up visits are supported by ACOEM. The utilization review denied the request stating that, "The claimant has chronic pain and has had extensive conservative care with no documented change in symptoms or increase in function over time. Thus, the guideline's criteria have not been met." In this case, given the patient's chronic pain and multiple body part injuries, a follow-up visit in 4 weeks is in accordance with ACOEM Guidelines and IS medically necessary.

Chiro two times a week times four weeks for the cervical spine and left elbow: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulative therapy Page(s): 58-59.

Decision rationale: This patient has a date of injury of 08/02/2007 and presents with continued complaints of shoulder, neck, low back, and left elbow pain. The current request is for chiropractic 2 times a week times 4 weeks for the cervical spine and left elbow. The utilization review denied the request stating that, "The claimant has had unknown prior sessions of chiropractic treatment and should be progressed to an independent home exercise program focusing on stretching/strengthening and use of hot/cold packs for pain/spasms." Regarding chiropractic treatments, the MTUS manual therapy and manipulative 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 manual therapy, the MTUS Guidelines, page 59, state, "Delphi recommendation is effective, incorporate 2 trials with a total of up to 12-trial visits with a reevaluation in the middle, before also continuing up to 12 more visits, for a total of up to 12." The medical record provided for review is scarce. Given the patient's date of injury which dates back to 08/02/2007, it is likely the patient has had some conservative treatment in the past. However, there is no indication of chiropractic treatment. Given the lack of documentation of prior chiropractic treatment, the requested 8 visits is in accordance with MTUS Guidelines. This request IS medically necessary.

Acupuncture one time four for the left elbow: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9.

Decision rationale: This patient has a date of injury of 08/02/2007 and presents with complaints of shoulder, left elbow, low back, and neck pain. The current request is for acupuncture 1 times 4 for the left elbow. The utilization review denied the request stating that acupuncture may be used as an adjunct to physical rehabilitation, and there is no documentation provided that the claimant is actively seeking physical rehabilitation or surgical intervention for the reported injuries. For acupuncture, the MTUS Guidelines, page 8, recommend acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 visits for trial and with functional improvement 1 to 2 per month. The medical file provided for review is scarce, and there is no discussion of prior acupuncture treatment. Given the patient's continued complaints of pain, a course of 4 treatments is in accordance with MTUS Guidelines. This request IS medically necessary.