

Case Number:	CM15-0036822		
Date Assigned:	03/05/2015	Date of Injury:	03/09/2011
Decision Date:	04/13/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/26/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 43-year-old female, who sustained an industrial injury on 03/09/2011. She has reported subsequent neck, shoulder, wrist and hand pain and was diagnosed with chronic cervical strain, rule out disc herniation, chronic bilateral trapezius strain and left shoulder rotator cuff syndrome, status post arthroscopy. Treatment to date has included oral and topical pain medication, chiropractic treatment and Cortisone injections. In a progress note dated 12/01/2014, the injured worker complained of neck, bilateral shoulder, right wrist and right hand pain that was rated as 5-7/10. Objective physical examination findings were notable for severely decreased range of motion of the cervical spine, tenderness over the paraspinal muscles bilaterally, hypertonicity over the trapezius muscle on the left, positive Spurling's sign, slightly decreased range of motion of the left shoulder with decreased muscle strength and tenderness over the acromioclavicular joint. A request for authorization of 8 chiropractic treatments with massage to the cervical spine and left shoulder and 1 urine toxicology screen was made. On 01/28/2015, Utilization Review non-certified requests for 8 chiropractic treatments with massage to the cervical spine and left shoulder and 1 urine toxicology screen, noting that there was no evidence of functional improvement with previous chiropractic therapy visits and that there was no evidence that the injured worker was at elevated risk to warrant more than twice yearly urine toxicology screening. MTUS, ACOEM and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic treatments with massage to the cervical spine and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 173-174, 203, Chronic Pain Treatment Guidelines Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic treatment Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Manipulation.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chiropractic sessions #8 with massage to the cervical spine and left shoulder are not medically necessary. Manual manipulation and therapy is recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. In this case, the injured worker's working diagnoses are chronic cervical strain, rule out disc herniation; chronic bilateral trapezius strain; and left shoulder rotator cuff syndrome, status post arthroscopy. The documentation shows the injured worker received eight sessions of chiropractic treatment. The treating physician indicates the injured worker failed the prior chiropractic treatment. The guidelines recommend a trial of six visits over two weeks and with evidence of objective functional improvement additional visits up to 18 visits over 6 to 8 weeks may be clinically indicated. The injured worker did not have objective functional improvement. Consequently, absent clinical documentation with objective functional improvement with prior chiropractic eight sessions, additional chiropractic sessions #8 with massage to the cervical spine and left shoulder are not medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug testing is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust

or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the injured worker's working diagnoses are chronic cervical strain, rule out disc herniation; chronic bilateral trapezius strain; and left shoulder rotator cuff syndrome, status post arthroscopy. The treating physician has prescribed tramadol and ibuprofen for pain relief. The injured worker takes these medications only when needed. The injured worker does not like the way the medications make her feel. There is no risk assessment in the medical record nor is there any documentation of aberrant drug-related behavior, drug misuse or abuse. There is no clinical indication or rationale in the medical record for urine drug screen. Consequently, absent clinical documentation with a clinical indication or rationale along with a risk assessment, urine drug screen is not medically necessary.