

Case Number:	CM14-0116894		
Date Assigned:	08/04/2014	Date of Injury:	04/23/2013
Decision Date:	10/06/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 60-year-old male was reportedly work related injured on 4/23/2013. It indicated that there were ongoing complaints of low back pain that radiated into bilateral lower extremities. The physical examination demonstrated lumbar spine had positive Kemp's test bilaterally. Bilateral lower extremities reflexes were normal. Sensory exam of the bilateral lower extremities was unremarkable. Muscle strength of the bilateral lower extremities was 5/5. Positive straight leg raise was on the left at 70 , with referred pain to the lower back. Lumbar spine range of motion was with flexion 30, extension 10, right lateral bending 20, left 25, and bilateral rotation 30. No recent diagnostic studies are available for review. Previous treatment included physical therapy, acupuncture, lumbar brace, TENS unit, medications, epidural steroid injection. A request had been made for topical cream, chiropractic treatment 2 times a week for 6 weeks of the lumbar spine #12 and a urine drug screen and was not certified in the pre-authorization process on 7/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical cream (unspecified amount): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: MTUS guidelines state that topical analgesics are "largely experimental," and that "any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended". Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As such, the request for topical cream is not medically necessary.

Chiropractic treatment two times a week for six weeks (lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines; manual therapy and manipulation.

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

Decision rationale: CA MTUS guidelines support the use of manual therapy and manipulation (chiropractic care) for low back pain as an option. A trial of 6 visits over 2 weeks with the evidence of objective functional improvement and a total of up to 18 visits over 16 weeks is supported. After review of the available medical records, there is no clinical documentation or baseline level of function to show future subjective or objective improvements with the requested treatment. In addition, a number of 12 visits request exceeds the recommended number of trial visits and are allowed by treatment guidelines. As such, this request for Chiropractic treatment two times a week for six weeks (lumbar spine) is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines; urine drug screen. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (updated 06/10/14)

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

Decision rationale: MTUS guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs or in patients with previous issues of abuse, addiction or poor pain control. Last urine drug screen was performed on 2/21/2014. Results have not been submitted for review. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, the request for a urine drug screen is not medically necessary.