

Case Number:	CM14-0160271		
Date Assigned:	10/03/2014	Date of Injury:	07/09/2012
Decision Date:	10/31/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/29/2014

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 Occupational Medicine, and is licensed to practice in California. 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:

This is a 35 year-old male with a 7/9/12 date of injury. Mechanism of injury was repetitive injury and cumulative trauma in the course of the patient's duties as a car painter. The patient was most recently seen on 8/7/14 with complaints of headaches and depression, and pain in the neck, mid-back, lower back, bilateral shoulders, bilateral elbows, left knee, and left ankle. He also complains of pain and numbness in the bilateral wrists. Exam findings revealed tenderness, spasm, and decreased range of motion in the cervical spine, and the cervical compression test was positive. Tenderness, spasm, and restricted range of motion were also reported in the thoracic and lumbar spinal regions, and there was a positive straight leg raise test bilaterally. Upper extremity examination revealed tenderness of the bilateral shoulders, elbows, and wrists, which was unchanged from the prior visit one month earlier. Lower extremity exam revealed tenderness of the left knee, which had also remained unchanged. Examination of the left ankle showed tenderness that had increased since the last visit. The patient's diagnoses included: 1) Cervical musculoligamentous strain/sprain with radiculitis; 2) Thoracic musculoligamentous strain/sprain; 3) Lumbosacral musculoligamentous strain/sprain with radiculitis; 4) Lumbosacral spine discogenic disease per the patient's history; 5) Bilateral shoulder strain/sprain; 6) Bilateral elbow epicondylitis; 7) Bilateral wrist strain/sprain; 8) Left knee quadriceps tendinosis; 8) Left ankle strain/sprain. Diagnostic Studies: MRI scans of the cervical spine, thoracic spine, lumbar spine, both shoulders and both wrists were performed. Electrodiagnostic studies of both upper and lower extremities were also completed. These reportedly showed abnormalities; however, no primary reports of the diagnostic studies performed were included in the medical records reviewed. Medications: Fluriflex (2/20/14). In the examination report of 3/28/14, mention is made of the patient being on "analgesic medications," but these, and the subsequent medical records provided, lack documentation of which specific analgesic medications have been prescribed, and

which have been in continued use. Treatment to date: medications, physical therapy, acupuncture, chiropractic, shockwave treatments, back brace, wrist braces and orthotics. An adverse determination was received on 9/2/14, due to: 1) Inadequate documentation regarding the total number of chiropractic visits the patient had already undergone, no mention of any recent flare up, and no statements as to whether the patient had ever been tried on a home exercise program. 2) Inadequate documentation regarding whether the patient was on opioid therapy that required ongoing monitoring. Prior urine drug screens showed no evidence of inconsistency that would support the need for frequent testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued chiropractic therapy 2 times a week for 6 weeks for cervical, thoracic, lumbar spine, and bilateral upper extremities: Upheld

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 Manipulation Page(s): 57.

Decision rationale: CA MTUS (General) states that manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. It is only recommended as treatment for the low back. In this case, the patient is currently being treated for chronic musculoskeletal complaints, including the neck mid and lower back, and upper extremities, resulting from an industrial injury 2 years ago. Comments in treatment notes of 8/7/14 indicate that the patient reports subjective improvements in pain, tenderness, spasm and daily function in response to ongoing chiropractic treatments. However, physical exam findings reveal little interval improvement, and there is a lack of documentation that functional improvements are directly attributable to the ongoing chiropractic treatments. No chiropractic treatment notes were included for review, and there was inadequate documentation regarding the total number of chiropractic visits the patient had already undergone, no mention of any recent flare up, and no statements as to whether the patient had ever been tried on a home exercise program. Therefore, the request for continued chiropractic therapy 2 times a week for 6 weeks for cervical, thoracic, lumbar spine, and bilateral upper extremities is 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, Urine Drug Testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing; Urine testing in in ongoing opiate management Page(s): 43; 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. In this case, the patient is currently being treated for chronic musculoskeletal complaints, including the neck mid and lower back, and upper extremities, resulting from an industrial injury 2 years ago. Urine drug screen monitoring is recommended when monitoring opioid therapy; however, the medical records available failed to mention whether this patient was taking opioid medications, and there was no documentation of a rationale that would require ongoing opioid monitoring. Therefore, the request for urine toxicology screen is not medically necessary.