

Case Number:	CM14-0167769		
Date Assigned:	10/15/2014	Date of Injury:	07/06/2009
Decision Date:	11/18/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/11/2014

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:

There were 60 pages provided for this review. There was a utilization review from October 7, 2014. Per the records provided, the claimant was a 61-year-old female employee whose mechanism of injury is not stated. She was injured while at work on July 6, 2009 with a back injury. She currently is not working. It is noted that there were no relevant diagnostics pertaining to this request during the last six months. A request for authorization of additional information request was made, but no additional information was received. The back injury was from over five years ago. There was no current exam or treatment plan, just the request authorization. Regarding the wrist brace it is noted that the patient had a back injury and the clinical benefit for wrist brace was not clear. Regarding the urine drug screen there was no documentation of any medicines that might drive a need for urine test confirmation. Chiropractic care is passive in nature without active rehabilitation value. Regarding the x-ray there were no red flags on a physical exam. Finally, back supports for chronic pain is not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792.26 Page(s): 58.

Decision rationale: The MTUS stipulates that the intended goal of this form of care 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. It notes for that elective and maintenance care, such as has been used for many years now in this case, is not medically necessary. In this case, the appeal letter was carefully considered, but these records fail to attest to 'progression of care'. The guidelines further note that treatment beyond 4-6 visits should be documented with objective improvement in function. Further, in Chapter 5 of the American College of Occupational and Environmental Medicine (ACOEM), it speaks to leading the patient to independence from the healthcare system, and self care. It notes that over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. The patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. Objective, functional improvement out of past rehabilitative efforts is not known. Therefore, this request is not medically necessary.

Urinalysis for Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 43.

Decision rationale: Regarding urine drug testing, the MTUS notes in the Chronic Pain section: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for this drug test. Therefore, this request is not medically necessary.

Right Wrist Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

Decision rationale: The California MTUS-ACOEM guides, Chapter 11 for the Forearm, Wrist and Hand note, on page 263 provides some guidance regarding braces, in the context that initial treatment of CTS (carpal tunnel syndrome) should include night splints. Day splints can be considered for patient comfort as needed to reduce pain, along with work modifications, depending upon activity. When treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. I did not find the claimant had a condition supported for splinting under MTUS. Therefore, this request is not medically necessary.

X-ray of the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS notes that the criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. The patient does not meet these criteria. Further, unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. In this case, there is no documentation of equivocal neurologic signs. Further, imaging studies to this area had already been accomplished, and the reason for repeating the study is not clinically clear. Therefore, this request is not medically necessary.

Back Support: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

Decision rationale: The California MTUS, specifically Chapter 12 of the dealing with the low back, note on page 298: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient has had the injury for several years; per MTUS the brace would no longer be effective. Therefore, this request is not medically necessary.