MAXIMUS Federal Services

Case Number:	CM13-0010009		
Date Assigned:	09/24/2013	Date of Injury:	05/03/2003
Decision Date:	02/12/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 3, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; long acting opioids; electrodiagnostic testing of August 14, 2013, notable for moderate-to-severe right-sided carpal tunnel syndrome; the apparent imposition of permanent work restrictions. It does not appear that the applicant has returned to work with said permanent limitations; TENS unit; unspecified amounts of physical therapy; and epidural steroid injection therapy. In a Utilization Review Report of August 6, 2013, the claim's administrator denied request for chiropractic manipulative therapy and OxyContin while certifying a Biofreeze gel. The applicant's attorney later appealed. An earlier progress note of July 17, 2013 is notable for comments that the applicant reports peristent neck pain radiating to bilateral shoulders. The applicant also reports numbness and paresthesia about the hand. Groin pain is also noted. The applicant is subsequently on Senna, Tenormin, lovastatin, Actos, metformin, glipizide, hydrochlorothiazide, Lidoderm, Celebrex, Prilosec, marijuana, OxyContin, Tizanidine, and Phenergan. The applicant is quite obese, standing 5 feet 9 inches tall and weighing 210 pounds. Eight sessions of manipulative therapy are sought. It is stated that applicant has never had chiropractic treatment on his industrial claim. OxyContin is also renewed, as is Tizanidine. Later note of August 14, 2013 is also notable for comments that the applicant reports peristent pain. It is again stated that the applicant has never had any prior chiropractic manipulative therapy over the life of the claim. Multiple medications are again refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic Treatment for Cervical and Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Treatment-Mobilization/Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), online version, Low Back, Biofreeze

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58 of 127.

Decision rationale: The attending provider has seemingly stated that the applicant has not had any prior manipulative therapy over the life of the claim. However, assuming that this is indeed the case, Page 58 of MTUS Chronic Medical Treatment Guidelines state that a six session trial of manipulative therapy should be sought as an initial starting course. The eight-session course proposed by the attending provider is in excess of that endorsed by MTUS. Therefore, the request is noted certified.

Oxycontin 10mg 1 Tab p.o.q.am and 1-2 tabs p.o.q.pm pain #60 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Opiods.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80 of 127.

Decision rationale: As noted on page of the MTUS Chronic Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning and/or reduced pain effected as a result of ongoing opiod usage. In this case, however, it does not appear that the applicant has returned to work. Permanent work restrictions remain in place, unchanged, from visit to visit. The documentation on file does not describe any evidence of improved performance of non-work activities of daily living or reduction in pain scores effected as a result of ongoing OxyContin usage. Therefore, the request is non-certified.