

Case Number:	CM13-0019803		
Date Assigned:	10/11/2013	Date of Injury:	05/31/2009
Decision Date:	01/16/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/03/2013

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 Physical Medicine & Rehabilitation 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 patient reported an injury on 05/31/2009. The treating physician notes of 08/07/2013 show MRI evidence of a left L5-S1 disc protrusion and grade 1 L5-S1 retrolisthesis. The notes indicate that work hardening and functional restoration were denied and chiropractic was denied, although the patient was paying for this on his own. The patient was status post left L5-S1 transforaminal epidural injections with an excellent response for 3 days, which allowed the patient to get off oxycodone, and then he had a flare again. The treating physician resumed oxycodone although asked the patient to limit this to 2-3 per day. The treating physician also titrated Lyrica to a higher dosage and discontinued Ambien and requested chiropractic x6 visits, noting the patient had responded extremely well to this in the past as well as to physical therapy in the past. The treating physician noted that the patient has severe depressive symptoms and should learn cognitive behavioral and coping techniques. A prior physician review noted that the patient had ongoing chronic low back pain which remains symptomatic despite surgery. That physician reviewer noted that the 4 domains of opiate monitoring were not met and therefore titrated nonopioid prescription requests. That review also indicated that the records had not documented functional goals or other clinical rationale to support additional physical therapy or chiropractic

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for 6 sessions to treat the low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Physical Medicine, page 99, recommends, "Allow for fading of treatment frequency plus active self-directed home Physical Medicine." The guidelines anticipate this patient would have transitioned by now to an independent home rehabilitation program. The records do not provide a rationale as to why this patient would instead require additional supervised therapy

Oxycodone 30mg Q12H #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Pain Management Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Opioids/Ongoing Pain Management, page 78, recommends "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." The medical records in this case discuss these items in general or subjective terms but not specific so as to comply with these guidelines. Given the chronicity of this injury in particular, the guidelines and records do not support that this patient is receiving specific functional benefit to require opioids

Chiropractic treatment for 6 sessions to treat the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Pain Management Page(s): 58.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Manual Therapy, page 58, recommends, "Low Back: Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to reevaluate treatment success, if return to work achieved then 1-2 visits every 4-6 months." The medical records do not provide a rationale as to why chiropractic would be indicated contrary to the treatment guidelines or as an exception to the treatment guidelines.