

Case Number:	CM13-0025351		
Date Assigned:	11/20/2013	Date of Injury:	04/06/2001
Decision Date:	01/23/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/16/2013

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 neck pain, chronic low back pain, and bilateral hand pain reportedly associated with an industrial injury of April 6, 2001. The applicant's care has been complicated by comorbid hepatitis, which was incidentally noted. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; MRI of the lumbar spine on April 9, 2013, notable for multilevel degenerative changes and neural foraminal stenosis of uncertain clinical significance; unspecified amounts of chiropractic manipulative therapy, physical therapy, and acupuncture; reported return to work; and prior lumbar discectomy/laminotomy surgery. In a utilization report of August 21, 2013, the claims administrator partially certified a request for eight sessions of manipulation as seven sessions of manipulation. Norco was partially certified as 101 tablets. One office visit was certified. A subsequent progress note of September 22, 2013, is notable for comments that the applicant reports 6/10 pain. He has completed 14 sessions of manipulative therapy, and to further state that usage of Naprosyn and Norco results in a diminution of pain for about 50% temporarily. Facet neurotomy procedures are endorsed. The applicant was given refills of Norco and Naprosyn. In an applicant questionnaire of August 8, 2013, the applicant states that he is working modified duty. The applicant denies any side effects with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 additional chiropractic/physiotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

Decision rationale: The Physician Reviewer's decision rationale: As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, one to two sessions of manipulative therapy are endorsed for flare-ups in those applicants who achieved or maintained successful return to work with manipulative therapy. In this case, the applicant did return to work. However, at this late date, several years removed from the date of injury, manipulation should be delivered in one to two-session intervals in the event of flare-ups, as suggested on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the eight-session course of treatment being proposed by the attending provider cannot be endorsed.

Hydrocodone/APAP 10/325mg #135: Overturned

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

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

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved function, and/or reduced pain effected as a result of ongoing opioid usage. In this case, it does appear that the applicant meets all of the aforementioned criteria. He does report requisite pain relief. He has returned to work. He does report improved performance of activities of daily living. Continuing Norco in this context is indicated and appropriate. Therefore, the request is certified.