

Case Number:	CM13-0037273		
Date Assigned:	12/13/2013	Date of Injury:	04/06/2001
Decision Date:	02/12/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/27/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 55 year old presenting with low back pain following a work related injury on 4/6/2001. The claimant reported low back pain that radiated into the right foot. The claimant reported that the medications decreased his pain to 50%. The claimant completed 12 chiropractor visits with some benefit. The physical exam was significant for decreased range of motion in all planes of the lumbar spine, tenderness to palpation in the vertebral musculature on the right from L4-S1, positive facet loading in the right L4-5 and L5-S1 facets, intact sensation, and slightly decreased motor strength in the lower extremities. The claimant was diagnosed with right L5 radiculopathy, chronic pain, right L5-S1 facet arthropathy status post right L5-S1 foraminotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Norco 10/325 mg, #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Norco 10/325mg # 75 is not medically necessary. Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall

improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant continued to complain of pain. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid; therefore Norco is not medically necessary.

Chiropractic Manipulation, 8 visits -Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 82.

Decision rationale: Per CA MTUS Chiropractor therapy is considered manual therapy. This therapy is recommended for chronic pain caused by musculoskeletal conditions. Manual therapy as well as the use in the treatment of muscular skeletal 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. For low back pain manual therapy is recommended as an option. Therapeutic care requires a trial of six visit over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective maintenance care is not medically necessary. For recurrences/flareups the need to reevaluate treatment success, if return to work achieved then 1-2 visits every 4-6 months. A request for chiropractor therapy 8 visits does not meet Ca MTUS guidelines. The claimant failed to obtain sustained benefit from the previous 12 visits. Additional chiropractor therapy is therefore not medically necessary.