

Case Number:	CM13-0045154		
Date Assigned:	03/21/2014	Date of Injury:	09/26/2009
Decision Date:	05/07/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/30/2013

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder, neck, and back pain reportedly associated with an industrial injury of September 26, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and various short-acting opioids. A December 16, 2013 progress note is notable for comments that the applicant reports persistent shoulder, low back, and knee pain. Limited shoulder range of motion was noted with flexion and abduction in the 140- to 160-degree range. The applicant was given diagnoses of shoulder impingement syndrome, sciatica, internal derangement of the knee, sleep disorder, and clinical depression. Six sessions of manipulative therapy, pain management consultation, and Norco were endorsed while the applicant was placed off of work, on total temporary disability. A subsequent note of October 14, 2013 is again notable for comments that the applicant was placed off of work, on total temporary disability. A pain management consultation, Flexeril, Norco, and Protonix were endorsed. In a Qualified Medical Evaluation of November 12, 2013, it was stated that the applicant is a represented former banquet manager. The medical legal evaluator suggested researching the applicant's history of prior injuries involving related body parts.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT 6 SESSIONS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, manipulative therapy is indicated in the treatment of chronic musculoskeletal pain. In this case, the applicant's principal pain generator is the low back, a body part for which manipulative treatment is explicitly endorsed, per page 58 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that page 58 of the MTUS Chronic Pain Medical Treatment Guidelines deems the time needed to effect functional improvement following introduction of manipulative therapy as four to six treatments. Thus, the six-session course of manipulative therapy sought by the attending provider does conform to MTUS parameters. The entire file was surveyed. There was no evidence that the applicant had undergone any chiropractic manipulative therapy during the chronic pain phase of the injury. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.

PAIN MANAGEMENT CONSULTATION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Consultation page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead a primary treating provider (PTP) to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant's longstanding multifocal pain complaints, including chronic low back pain, do warrant the added expertise of a physician specializing in chronic pain. Accordingly, the original utilization review decision is overturned. The request is likewise certified, on Independent Medical Review.

NORCO 10/325 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , PAGE 1

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid

usage. In this case, however, these criteria have not been met. The request for Norco does represent a renewal request. The applicant has failed to return to work. The applicant remains off of work, on total temporary disability, several years removed from the date of injury. The applicant's pain complaints are seemingly unchanged from visit to visit. There is no evidence of improved function affected as a result of ongoing Norco therapy. Therefore, the request is not certified, on Independent Medical Review.