

Case Number:	CM13-0053110		
Date Assigned:	12/30/2013	Date of Injury:	09/01/2010
Decision Date:	03/14/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/18/2013

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 and Rehabilitation, and is licensed to practice in New York and Texas. 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 is a 34-year-old male who reported injury on 9/1/10. The patient fell out of a truck, struck his head, and lost consciousness. The patient was noted to have undergone chiropractic treatment in March 2013 and was noted to have no overall sustained pain reduction and/or functional improvement. The patient was noted to have chronic low back pain, and pain to both sides of the L3-S1 region upon palpation of the lumbar facets. The patient's gait was noted to be antalgic. Anterior lumbar flexion was noted to cause pain. The patient's diagnoses were noted to include lumbar spine radiculopathy, lumbar spine pain, herniated lumbar disc, and cervical radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for 90 Norco 5/325mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60, 78.

Decision rationale: The California MTUS guidelines indicate that opioids are appropriate medications for the treatment of chronic pain; however, there should be documentation of an

objective decrease in the VAS score, objective functional improvement, documentation of adverse side effects, and documentation of aberrant drug behavior. There was a lack of documentation indicating the above recommendations. Given the above, and the lack of documentation of exceptional factors, the request for Norco is not medically necessary.

request for eight chiropractic manipulation treatments: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: The California MTUS states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions; with objective functional improvement, a total of up to 18 visits over 6-8 weeks may be appropriate. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. Treatment beyond 4-6 visits should be documented with objective improvement in function. The clinical documentation submitted for review indicated the patient had previously trialed six sessions of chiropractic care and had shown no objective functional improvement. There was a lack of documentation of exceptional factors to warrant continued treatment. The request as submitted also failed to indicate what part of the body the chiropractic manipulation would be for. Given the above, the request for additional chiropractic manipulation treatments is not medically necessary.