

Case Number:	CM13-0058246		
Date Assigned:	12/30/2013	Date of Injury:	07/19/2013
Decision Date:	08/08/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	11/26/2013

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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 30-year-old male with a reported date of injury on 07/19/2013. The mechanism of injury was noted to be from a fall off a truck. His diagnoses were noted to include thoracic musculoligamentous sprain/strain and lumbar musculoligamentous sprain/strain with left sacroiliac joint sprain. His previous treatments were noted to include physical therapy, chiropractic treatment, acupuncture, home exercise program, and medications. The progress note dated 04/22/2014 revealed the injured worker stated he was able to cross his legs without pain and is able to drive for 30 minutes and sit watching TV without low back pain. The physical examination to the thoracic and lumbar spine noted the thoracic range of motion to be flexion 48 degrees, extension 18 degrees, and right/left lateral bending to 25 degrees. The straight leg raise noted a pulling sensation and the sensory examination was intact with full motor strength. The progress report dated 05/05/2014 revealed a final physical examination of the thoracic spine revealed normal symmetry and contour, and the shoulder girdles were level. There was tenderness to palpation with myospasm present over the paraspinal musculature on the left from T4 to T10. The range of motion was noted to be decreased. A physical examination of the lumbar spine revealed slight tenderness to palpation and mild myospasm was present over the left quadratus lumborum and the left paravertebral musculature. A negative straight leg raise test was noted and a positive sacroiliac stress test. Yeoman's and Gaenslen's tests were noted to be positive on the left. The range of motion to the lumbar spine was noted to be decreased. The sensory, motor strength and deep tendon reflexes were noted to be full and equal bilaterally. The provider revealed the injured worker did not wish to pursue any further conservative treatment and was not a candidate for invasive treatment, and it was felt that the injured worker's condition had achieved a level of maximum medical improvement from an orthopedic standpoint and was discharged from care 04/22/2014. The request for authorization form was not submitted within

the medical records. The request is for Norco 10/325 mg #60 and chiropractic 2 times a week for 4 weeks; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #60 is not medically necessary. The injured worker has previously taken Norco for pain. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors should be addressed. There is no documentation regarding evidence of decreased pain on a numerical scale, improved functional status, side effects, and whether or not the injured worker has had a consistent urine drug screen and when the last test was performed. Therefore, due to no evidence of significant pain relief, increased function, side effects, and without details regarding urine drug testing to verify appropriate medication use in the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request did not provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

CHIROPRACTIC TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58.

Decision rationale: The request for chiropractic 2 times a week for 4 weeks is not medically necessary. The injured worker has received previous chiropractic treatment. The California Chronic Pain Medical Treatment Guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement to facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. The injured worker has received an

unknown previous number of chiropractic treatment sessions; however, there is a lack of documentation regarding positive symptomatic or objective measurable gains and functional improvement with previous chiropractic treatment. Additionally, the documentation provided the injured worker was no longer interested in conservative therapy, which indicates chiropractic treatment is no longer warranted. Therefore, the request is not medically necessary.