

Case Number:	CM13-0061740		
Date Assigned:	12/30/2013	Date of Injury:	07/06/2010
Decision Date:	05/05/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/05/2013

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 low back pain reportedly associated with an industrial injury of July 6, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; 12 sessions of physical therapy to date, per the claims administrator; attorney representation; adjuvant medications; prior lumbar spine surgery; and extensive periods of time off of work. In a Utilization Review Report of November 25, 2013, the claims administrator partially certified a request for eight sessions of manipulative therapy as six sessions of manipulative therapy, denied a laboratory testing, and denied a request for Norco. The applicant's attorney subsequently appealed. An earlier clinical progress note of October 10, 2013 is notable for comments that the applicant is not working, the applicant is a former heavy equipment operator. The applicant has undergone prior spine surgery. The applicant has transferred care to and from various providers, it is stated. The applicant reports persistent low back pain radiating to hip. The applicant is on Norco and Neurontin. The applicant continues to smoke, it is stated. The applicant stands 5 feet 10 inches tall and weighs 160 pounds. Limited lumbar range of motion is noted. Norco, permanent work restrictions, CMP testing, and H. pylori testing are endorsed. In the review of systems section, there is no mention of dyspepsia or reflux.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) CHIROPRACTIC/PHSIO THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 59-60.

Decision rationale: The applicant has had at least 12 prior sessions of manipulative therapy over the life of the claim. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of manipulative therapy in those applicants who demonstrate functional improvement by successfully achieving and/or maintaining return to work, in this case, however, the applicant has failed to return to work despite having completed at least 12 prior sessions of chiropractic manipulative therapy. Pursuing additional manipulative therapy is not indicated given the applicant's failure to achieve and/or maintain return to work status. Accordingly, the request for additional manipulative therapy is not certified, on Independent Medical Review.

ONE (1) COMPREHENSIVE METABOLIC PANEL & H PYLORI TESTING: 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 NSAIDs topic Page(s): 70. Decision based on Non-MTUS Citation Gastrointestinal Disease: An Endoscopic Approach, Dimarino Et Al, Second Edition, chapter 24, page 394.

Decision rationale: These tests have been packaged together as one test. The MTUS does not address the topic of H. pylori testing. While the Gastrointestinal Disease textbook does state that H. pylori testing can be employed to help identify diagnosis of active gastritis, in this case, however, there is no mention of any symptoms of reflux, heartburn, and/or dyspepsia appreciated on the office visit in question. It is not clear why the H. pylori testing in question is being sought. Similarly, it is not clearly stated why the comprehensive metabolic profile testing is being sought. While page 70 of the MTUS Chronic Pain Medical Treatment Guidelines does state that it is appropriate to perform intermittent renal and hepatic testing on those applicants who are using NSAIDs chronically, in this case, however, it does not appear that that applicant is using NSAIDs chronically. Again, no rationale for the testing was provided. Therefore, the request is not certified.

NORCO 5/325MG #30: 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): 80.

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 effected as a result of ongoing opioid usage. In this case, however, these criteria have not been met. The applicant remains off of work, several years removed from the date of injury. There is no clear evidence of improved functioning and/or reduced pain effected as a result of ongoing opioid therapy. Therefore, the request for continuation of Norco is not certified, on Independent Medical Review.