

Case Number:	CM13-0063735		
Date Assigned:	12/30/2013	Date of Injury:	03/22/2007
Decision Date:	04/14/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/10/2013

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 licensed in Chiropractor and is licensed to practice in 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 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 patient is a 38-year-old female who reported an injury on 05/22/2007. The mechanism of injury was not specifically stated. The patient is currently diagnosed with lumbar degenerative disc disease with radiculopathy. The patient was seen by [REDACTED] on 10/11/2013. The patient reported 6/10 pain. Physical examination revealed decreased range of motion with 4/5 strength and intact sensation. Treatment recommendations included a request for chiropractic treatment and a refill of Norco and ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 chiropractic sessions: Upheld

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 Page(s): 58.

Decision rationale: The California MTUS Guidelines state that manual therapy and manipulation are recommended if caused by a musculoskeletal condition. As per the documentation submitted, the patient has previously participated in chiropractic therapy. However, there is no documentation of the patient's previous participation with treatment

efficacy and total treatment duration. Without evidence of objective functional improvement, additional treatment cannot be determined as medically appropriate. Therefore, the request is non-certified.

Norco refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. A satisfactory response to treatment has not been indicated. Therefore, the request is non-certified.

Ibuprofen refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state that NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. A satisfactory response to treatment has not been indicated. Guidelines do not recommend the long-term use of this medication. Based on the clinical information received, the request is non-certified.