

<b>Case Number:</b>	CM13-0072683		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	01/24/2000
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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:

This is a year 62-old-female with a 1/24/00 date of injury to her neck, mid, and low back. The patient was seen on 8/15/13 by her chiropractor and on exam was noted to have with limited range of motion of the cervical and lumbar spine (10 % C and 20% L spine) with associated muscle spasm. Her diagnosis was a flare up of low back pain, lumbar spine sprain and strain, and cervical spine sprain and strain. The treatment plan consisted of traction, electrical muscle stimulation and referral for medications. Treatment to date: chiropractic therapy. A UR decision dated 11/26/13 denied the request given there was no indication of functional deficits with regard to ADL's or work activities to support a need to medication intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REFERRAL FOR RX OF MEDICATIONS:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 , page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Chapter 7 - Independent Medical Examinations and Consultations, Chapter 6 (pp 127, 156)ODG Pain Chapter.

**Decision rationale:** CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. The documentation is from the patient's chiropractor. She has a 2000 date of injury. There is no documentation she was taking medications and was diagnosed with a low back flare up. A chiropractor cannot prescribe medications, thus a referral and evaluation to an occupational or primary care physician for possible medications for her back pain flare up was appropriate. Thus, the request as submitted was medically necessary.