

Case Number:	CM14-0105596		
Date Assigned:	07/30/2014	Date of Injury:	06/08/2007
Decision Date:	09/18/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/08/2014

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 is licensed to practice in Nevada. 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 records, presented for review, indicate that this 47 year old male was reportedly injured on 6/8/2007. The mechanism of injury is undisclosed. The most recent progress note, dated 1/29/2014, indicated that there were ongoing complaints of low back pain that radiated in the bilateral lower extremities. The physical examination demonstrated the patient was able to perform heel walk and toe walk with increased pain and difficulty, loss of lumbar lordosis and tenderness to palpation of the lumbar spine, restricted and painful range of motion of the lumbar spine as well, positive sciatic and femoral tension signs were noted bilaterally, and decreased sensation to light touch of the lumbar spine. No recent diagnostic studies were available for review. Previous treatment included medications, transcutaneous electrical nerve stimulation (TENS) unit, and heat. A request was made for pain management follow-up in three months, Flexeril 5 milligrams quantity 120 with two refills, Percocet 10/325 quantity 120 with two refills, and chiropractic treatment quantity twelve visits sessions and was not medically necessary in the preauthorization process on 7/2/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Pain Management follow up for 3 months: Upheld

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

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 Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) Guidelines, support referral 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. Review of the available medical records, documents the injured worker's complaints but fails to document any red flags or pain that is uncontrolled with the current regimen to warrant consultation. As such, this request is not considered medically necessary.

120 Flexeril 5mg with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64 of 127.

Decision rationale: A medical Treatment Utilization Schedule (MTUS) guideline supports the use of Skeletal Muscle Relaxants for the short term treatment of pain but advises against long term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.

120 Percocet 10/325mg with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines support short acting opiates like Percocet for the short term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The claimant suffers from chronic pain; however, there is no clinical documentation of improvement in the pain or function with the current regimen. As such, this request is not considered medically necessary.

12 Chiropractic Treatments: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) guidelines support the use of Manual Therapy and Manipulation (chiropractic care) for low back pain as an option. A trial of six visits over two weeks with the evidence of objective functional improvement, and a total of up to eighteen visits over sixteen weeks is supported. After review of the available medical records, there is no documentation of low back pain. However, the treating physician has requested twelve visits, which exceeds the recommended visits that are allowed by treatment guidelines. As such, this request is not considered medically necessary.