

<b>Case Number:</b>	CM14-0120868		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	05/07/2013
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 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 injured worker is a 50 year old female with a reported date of injury of May 07, 2013. The mechanism of injury was reported to be repetitive motion while performing her regular duties as an insurance agent/customer service representative. Her primary treating physician's progress report, dated April 30, 2014, indicated that the injured worker continued to complain of significant neck, upper back and buttock pain as well as diffuse tingling throughout multiple dermatomes in the left upper extremity. She was noted to be anxious and tearful at the office visit. Physical examination of the cervical spine revealed very limited range of motion in all planes secondary to pain and spasm throughout the paraspinal musculature. Diagnoses included displacement of a lumbar intervertebral disc without myelopathy (722.10). The treating physician requested a pain management consultation, 8 additional acupuncture treatments of the left wrist/hand, and chiropractic treatment for 8 visits. The PTP also refilled the prescription for Norco 10mg. A note from an orthopedic office visit, dated July 21, 2014, indicated continued complaints of numbness and tingling in the left hand and left wrist, neck and bilateral arm pain, a shooting electric feeling in her hand, shooting pain into her arms, and headaches. The injured worker reported that the symptoms were better with rest, ice, and H-wave treatment and worse with activities. Electromyography testing on May 06, 2014 showed no significant residuals of carpal tunnel. Her work status as of this visit was reported to be temporarily totally disabled. Prior utilization review denied requests for 8 chiropractic treatments and Norco 10 Mg on July 02, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **8 CHIROPRACTIC TREATMENTS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment 4/27/2007, page 56

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

**Decision rationale:** It is not possible to tell from the documentation available what diagnosis the chiropractic treatment was intended to treat. The injured worker presented with multiple complaints and findings only of restricted neck range of motion due to pain and spasm in the paraspinal musculature. Chiropractic is recommended for treatment of low back pain according to the MTUS chronic pain guideline. It is not recommended for the neck or extremities. There was no physical or imaging evidence presented of a disorder for which chiropractic is recommended. The request is not medically necessary.

## **NORCO 10MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain section Page(s): 81.

**Decision rationale:** Again, it is difficult to determine what condition opioids were intended to treat given the multiple complaints, lack of physical findings, and absence of specific diagnoses. According to the MTUS Chronic Pain section, chronic opioids are not recommended for neck pain. They are recommended only for short term relief of back pain. The request is therefore inconsistent with evidence-based recommendations and cannot be deemed as medically necessary.