MAXIMUS Federal Services

Case Number:	CM14-0121614		
Date Assigned:	08/06/2014	Date of Injury:	10/01/2004
Decision Date:	09/18/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/01/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 75 year old male who had a work related injury on 10/01/04. The mechanism of injury was not documented. The most recent clinical record submitted for review is dated 07/02/14. The injured worker presents for follow up of low back pain, as well as bilateral wrist and thumb pain. He describes hurting his back approximately one month ago. He has been stable since his last visit. He has had more difficulty with his activities. The pain goes down the lateral side of the right leg and not below the knee, subjectively. His back is his primary concern. In regards to his hands, he notes that his hands never stopped hurting since his tendon transfer surgery. The injured worker also notes that Cortisone injections in either hand have failed. History of treatment includes 5 sessions of chiropractic therapy, bilateral shoulder surgery in 2012, carpal tunnel release in 2004, and bilateral thumb surgery in 2010. Medications include Omeprazole twice daily, Simvastatin, and LidoPro cream, which does not help him. He is not interested in taking any pain medication because they upset his stomach. His back pain is a dull ache that travels across the belt line with radiation to the right lateral leg. He gets cramping in the bilateral calves, which happens mostly at night. He also notes that his pain is aggravated with prolonged sitting, and arising from a seated position. Bilateral hands, he reports constant pain in the left wrist that appears to be getting worse. Physical examination notes the injured worker had tenderness along the axial spine and into the right greater than left paraspinal musculature. He ambulated with a slight limp. He was able to heel and toe walk normally. Flexion of the lumbar spine is 45 degrees, extension is 20 degrees, right lateral and left lateral bending is 15 degrees. He had decreased sensation throughout the surgical site surrounding his thumbs. He had equal and intact sensation to the bilateral lower extremities. Strength in the lower extremities rated 5-/5. Deep tendon reflexes in the lower extremities were present and equal bilaterally. Positive facet loading sign. Straight leg raising bilaterally was unrevealing,

eliciting a complaint of back pain. His left thumb is ankylosed with no significant motion. He is unable to make a complete fist with either hand. Tinel's sign in both upper extremities was unrevealing. Diagnoses include multi-level degenerative disc disease of the lumbar spine, lumbar spine musculoligamentous sprain/strain, chronic back pain, lumbofacetogenic syndrome, and left thumb ankylosis. Prior utilization review on 07/08/14 was denied. In review of the medical records, from the chiropractor, the pain scale did not change at all and was always rated at 7/10, and he is being treated with heat and stretching exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic (x18): Upheld

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

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

Decision rationale: The clinical information submitted for review as well as current evidence based guidelines do not support the request. According to the clinical records submitted, there was no significant decrease in the injured workers visual analog scale (VAS) score (7/10) with the trial of chiropractic treatment. There was also no documentation of functional benefit from the treatment. As such, the request is not medically necessary.

LidoPro topical ointment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://dailymed.nlm.nih.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: The clinical documentation submitted for review does not support the request. The clinical note dated 07/02/2014, notes that the injured worker states the cream is not helping. Therefore, the request is not medically necessary.