MAXIMUS Federal Services

Case Number:	CM14-0135795		
Date Assigned:	09/05/2014	Date of Injury:	11/17/2010
Decision Date:	09/25/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/22/2014

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 Family 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:

32 yr. old female claimant sustained a work injury on 11/17/10 involving the low back. An MRI in 2011 showed lumbar disc protrusions at L5-S1. She was diagnosed with lumbago and was treated with oral analgesics. She had been on Norco since at least Aug 2013.In September 2013 a request had been made for 6 sessions for chiropractor treatments. She had performed home exercises and swimming. A progress note on 12/16/13 indicated the claimant had continued 6/10 back pain. Exam findings were notable for spinal tenderness, painful range of motion of the lumbar spine but normal neurological findings. The treating physician requested 8 sessions of chiropractor therapy and continuation of Norco. A progress note on 7/8/14 indicated the claimant had continued back pain. Exam findings were consistent with facet joint pain in the lumbar region with reduced range of motion. She apparently never received chiropractor therapy and 8 sessions were requested. In addition a gym membership was requested for 6 months for physical improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment low back Qty: 8: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Chiropractor care (Manual Medicine) is recommended as an option for a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The amount of 8 visits requested exceeds the amount recommended in the trial period. Therefore the amount of visits requested above is not medically necessary.

Gym Membership (Months) QTY: 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gym membership Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gym membership.

Decision rationale: According to the ACOEM guidelines, at home exercises are recommended. In the event that the patient is either incapable of performing home exercise, or otherwise unable to comply with this option, then a supervised program with a therapist is recommended. There is no recommendation for gym membership under the ACOEM guidelines. There is no evidence to support a gym membership alone would benefit pain management. Furthermore, the ODG guidelines indicate that gym memberships are not recommended as a medical prescription unless there is documented need for equipment due to failure from home therapy. With unsupervised programs, there is no feedback to the treating physician in regards to treatment response. Consequently a gym membership is not medically necessary.

Norco 10/325mg QTY: 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oipoids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated at 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for a year without significant improvement in pain or function. The continued use of Norco is not medically necessary.