

<b>Case Number:</b>	CM14-0157840		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	08/01/2014
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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, has a subspecialty in Interventional Spine, 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:

The patient is a 50-year-old male with date of injury of 08/01/2014. The listed diagnoses per [REDACTED] from 08/14/2014 are: 1. Lumbosacral sprain. 2. Rule out spondylolisthesis. According to this report, the patient is complaining of low back pain. He states that he has taken Aleve and this has not helped him. The patient has not been working since 08/01/2014. The examination of the cervical spine shows no sensory deficits along the lateral arms, forearm, middle finger, medial forearm, and medial arm. Examination of the bilateral shoulder showed no tenderness of the acromioclavicular joint, anterior, and posterior rotator cuff or bicipital groove. There is tenderness in the left and right paraspinal muscles of the lumbar spine. Straight leg raise is positive bilaterally at 80 degrees. Mild pain with extension testing. The utilization review denied the request on 09/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 2.5/325mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 109.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76,78.

**Decision rationale:** This patient presents with low back pain. The treater is requesting Vicodin 2.5/325 mg. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, et cetera. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. The records show that the patient has not tried Vicodin in the past. The 08/14/2014 report notes that the patient has tried Aleve with no relief from pain. In this case, the treater would like to trial Vicodin and the request is reasonable to determine its efficacy in terms of functional improvement and pain relief. Recommendation is for authorization.

**Therapy: Chiro:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 300.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Treatments Page(s): 58,59.

**Decision rationale:** This patient presents with low back pain. The treater is requesting chiropractic treatments. The MTUS Guidelines on manual therapy and treatments page 58 and 59 recommends this treatment for chronic pain if caused by musculoskeletal conditions. A trial of 6 visits over 2 weeks is recommended and with evidence of objective functional improvement up to 18 visits over 6 to 8 weeks. The records do not show any prior chiropractic reports to verify how many treatments the patient has received and with what results. The 08/14/2014 notes, "Chiropractic treatment for his lower back will be requested since he has had chiropractic treatment in the past with good success." In this case, while a refresher course may be reasonable, given benefit from past treatment. The treater failed to specify the number of treatments requested. MTUS supports a trial of 6 visits and with objective functional improvement up to 18 visits. Recommendation is for denial.

**Testing: X-Ray:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,305.

**Decision rationale:** This patient presents with low back pain. The patient is requesting an x-ray. The requesting report from 08/14/2014 notes that the treater is requesting radiographs for the lumbosacral spine. The ACOEM Guidelines page 303 to 305 states, "Lumbar spine x-ray should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology even if the pain has persisted for or lasted 6 weeks. Unequivocal objective findings that identify specific nerve compromise under neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider a surgery

an option." The records do not show any previous x-rays of the lumbosacral spine. The 08/14/2014 physical examination shows tenderness in the left and right paraspinal muscles. No soft tissue swelling, no effusion, no sensory deficits noted. Straight leg raise is positive bilaterally at 80 degrees. In this case, the examination does not show neurologic and sensory deficits and red flag symptoms that would warrant the need of an x-ray. Recommendation is for denial.