

Case Number:	CM14-0022396		
Date Assigned:	05/09/2014	Date of Injury:	12/09/1999
Decision Date:	07/10/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/21/2014

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 Orthopedic Surgery and is licensed to practice in New York. 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 female with a date of injury of December 19, 1999. Patient has chronic low back pain. She has a diagnosis of post lumbar surgery with pain, lower extremity radiculopathy, lumbar herniated disc, lumbosacral sprain and strain. The patient's most recent lumbar MRI from December 2012 shows no evidence of fracture, there is L4-5 disc degeneration with grade 1 spondylolisthesis. He has mild spinal canal stenosis at L4-5. At L5-S1 there is disc degeneration with a 4 mm disc bulge. There is bilateral foraminal narrowing. There are degenerative changes present at L3-4 on the MRI. There post-surgery changes at L4-5 and L5-S1. The patient continues to have chronic low back pain. Patient had neurophysiologic testing in April 2013 which did not demonstrate any significant abnormality of the lumbar nerve roots. The diagnosis was recurrent lumbar strain. The patient has had multiple treatments for back pain since her injury to include medications, physical therapy, and chiropractic care. At issue is whether additional treatment for her back pain is medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFILL MEDICATIONS 6 MONTHS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The medical records do not clearly document what medications are to be described in the next 6 months. Without this information isn't possible to accurately determine the safety and efficacy of pharmacologic management for the patient's ongoing chronic back pain. In addition the medical records inadequately document the previous effects of medications that the patient has taken for back pain. Without this information, there is no medical necessity for ongoing pharmacologic management. Guidelines for additional pharmacologic management for chronic back pain are not met.

URINE TESTING FOR TOXICOLOGY COMPLIANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Procedure Summary-Pain Urine drug testing (UDT) Criteria for use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Guidelines for toxicology urine testing are not met. It is unclear what medications are going to be prescribed over the next 6 months. The medical records do not clearly document the patient's medication use and outcomes of medication use. Criteria for toxicology are not met because is unclear what medications the patient will be taking.

CHIROPRACTIC TREATMENT FOR THE LUMBAR SPINE, 2 TIMES A WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Criteria for additional chiropractic treatments are not met. It is unclear what the patient's previous results with respect to functional outcome from physical therapy and previous chiropractic care were. The patient has had chronic back pain for many years with multiple times to conservative measures. The results of these conservative measures are not clearly documented. The exact number chiropractic visits and the patient that in the past and that clearly documented. Therefore criteria for additional chiropractic care not medically necessary.