

<b>Case Number:</b>	CM14-0026819		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	09/11/2012
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 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 52 year old female whose date of injury is 09/11/2012. The injured worker was cleaning a restroom when she slipped and fell. Note dated 12/13/13 indicates that she has had approximately 10 visits of chiropractic treatment which she states helped decrease her pain somewhat. Note dated 01/08/14 indicates that the injured worker complains of mid back pain, low back pain and bilateral knee pain. Medications include LidoPro, Ketoprofen and Pamelor. Assessment notes right middle trigger finger, bilateral wrist pain, bilateral patellofemoral syndrome, and bilateral knee osteoarthritis. She was recommended for surgical release of trigger finger.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CHIROPRACTIC 8 SESSIONS FOR THE NECK AND BACK:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

**Decision rationale:** Based on the clinical information provided, the request for chiropractic 8 sessions for the neck and back is not recommended as medically necessary. The injured worker

has completed at least 10 chiropractic visits to date; however, there are no objective measures of improvement provided. CA MTUS guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided.

**LIDOPRO TOPICAL OINTMENT 4OZ.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28-29.

**Decision rationale:** Based on the clinical information provided, the request for Lidopro topical ointment 4 oz is not recommended as medically necessary. CA MTUS guidelines note that this ointment is recommended only as an option in injured workers who have not responded or are intolerant to other treatments. This is not documented in this case. The submitted records fail to establish that the requested ointment improves function or decreases the injured worker's need for other analgesics. The request is not medically necessary.