

Case Number:	CM14-0027968		
Date Assigned:	06/16/2014	Date of Injury:	03/22/2007
Decision Date:	07/16/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/05/2014

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 Practice and is licensed to practice in Arizona. 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:

Patient is a 38 year old female with a date of injury of 3/22/2007. Diagnoses include lumbar spinal stenosis, congenital spondylolisthesis, and degenerative lumbosacral disc disease. Subjective complaints are of back pain that has improved with a home exercise program and independent pool exercises. Pain is stabbing and aching in the right hip and knee. Physical exam shows lumbar spine tenderness and decreased range of motion with positive hip joint provocation tests. Prior treatments have included chiropractic, physical therapy, home exercise, and medications. Medications include Norco, Nortriptyline, and ibuprofen. Submitted documentation indicates that patient had chiropractic care 2 years ago, where she had more than 50% relief. Recent urine drug screen is indicated in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 SESSIONS OF CHIROPRACTIC FOR LOW BACK: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 57-58.

Decision rationale: CA MTUS recommends manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. Manual medicine is intended to achieve positive symptomatic or objective gains in function and progression of a therapeutic exercise program. Therapeutic care is recommended as a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. This patient has pain and spasm related to a musculoskeletal condition. Prior chiropractic care was noted to provide significant improvement. Therefore, a therapeutic trial of 6 chiropractic visits is medically necessary.

INDEPENDENT POOL THERAPY 6 TIMES A WEEK FOR ONE YEAR: 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 AQUATIC THERAPY Page(s): 22.

Decision rationale: CA MTUS recommends aquatic therapy as an alternative to land based therapy specifically if reduced weight bearing is desirable, for example, extreme obesity. The ODG recommends aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. The patient is not morbidly obese and there is no indication that pool therapy would be more effective than land based exercises. Therefore, the medical necessity for aquatic therapy is not established.

60 NORCO 5/325 MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increase functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines, risk assessment, urine drug screening, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.

MOTRIN 600 MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: CA MTUS recommends NSAIDS (non-steroidal anti-inflammatory drug) at the lowest effective dose in patients with moderate to severe pain. Furthermore, NSAIDS are recommended as an option for symptomatic relief for back pain. For this patient, moderate pain is present in the low back. Therefore, the requested Motrin is medically necessary.