

Case Number:	CM14-0035821		
Date Assigned:	06/23/2014	Date of Injury:	10/24/2012
Decision Date:	07/25/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/24/2014

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 Neurological Surgery 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 injured worker is a 36-year-old female injured on October 24, 2012. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated April 15, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated tenderness along the thoracic and lumbar spine paraspinal muscles. There was decreased lumbar spine range of motion. A lower extremity neurological examination was found to be within normal limits. Diagnostic imaging studies objectified an L5-S1 broad disc bulge with facet hypertrophy. There was a request for Electromyography (EMG)/Nerve Conduction Velocity (NCV) studies of the lower extremities as well as additional chiropractic therapy. Previous treatment included chiropractic treatment. A request had been made for additional chiropractic treatment, Robaxin and ibuprofen and was not certified in the pre-authorization process on February 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiro (x6): 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 Page(s): 58.

Decision rationale: According to the attached medical record, the injured employee has previously attended 12 sessions of chiropractic therapy. The Chronic Pain Medical Treatment Guidelines would recommend up to 18 visits if there was initial efficacy. The previous utilization management review did not certify additional chiropractic care, as it was stated that by this time, the injured employee should be familiar enough to do a home exercise program. However, one cannot perform chiropractic care or manual therapy on himself/herself. For these reasons, this request for an additional six visits of chiropractic therapy is medically necessary.

Robaxin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

Decision rationale: Muscle relaxants such as Robaxin are indicated as a term treatment for acute exacerbations of chronic low back pain. However, the attached medical record does not state that there have been acute exacerbations or have stated the benefit of prior Robaxin usage. There was also no notation regarding how many tablets were being prescribed. For these multiple reasons, this request for Robaxin is not necessary.

Ibuprofen: Upheld

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

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

Decision rationale: Though anti-inflammatories are sometimes the mainstay of treatment for chronic low back pain, they are intended to be prescribed at the smallest dosage for the shortest period of time. The attached medical record does not state the particular efficacy of ibuprofen from the past and the dosage is not stated on this request. For these reasons, this request for ibuprofen is not medically necessary.