

Case Number:	CM14-0087340		
Date Assigned:	07/23/2014	Date of Injury:	08/14/2012
Decision Date:	10/02/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/10/2014

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 Mississippi. 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 records presented for review indicate that this 43-year-old female was reportedly injured on June 14, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 1, 2014, indicates that there are ongoing complaints of low back pain, right hip pain, and right knee pain. The physical examination demonstrated tenderness along the lumbar spine from L4 through S1 as well as along the facet joints. There was a positive right-sided straight leg raise test at 70 and decreased sensation in the L5 and S1 dermatomes. There was slightly limited right hip flexion. Diagnostic imaging studies of the lumbar spine showed disk desiccation with annular tears at L4 - L5 and L5 - S1. Previous treatment includes chiropractic care and oral medications. A request had been made for an MRI the right knee and chiropractic care for the low back and right hip twice week for six weeks was not certified in the pre-authorization process on June 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI w Gadolinium Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg MRI's

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: The American College of Occupational and Environmental Medicine recommends an MRI of the knee where there are mechanical symptoms in which internal derangement or similar soft tissue pathology is a concern. The most recent progress note dated April 1, 2014, does not indicate that the injured employee has mechanical symptoms of the knee nor are any found on physical examination. As such, this request for an MRI the right knee is not medically necessary.

Chiropractic Treatment 2x week x6 weeks Low Back Right Hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 58-59 OF 127.

Decision rationale: According to the progress note dated April 1, 2014, it was stated that the injured employee was receiving chiropractic treatments but nonetheless found her pain intractable in nature. Considering the lack of efficacy of these prior chiropractic treatments, this request for chiropractic treatment twice week for six weeks for the low back in the right hip is not medically necessary.

LESI, X 1, Right L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS; (Effective July 18, 2009) Page(s): 46 OF 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the criteria for the use of epidural steroid injections includes the presence of radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the attached medical record there are no findings on imaging studies indicating neurological impingement. Considering this, the request for lumbar spine epidural steroid injections is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91 OF 127.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not medically necessary.