

Case Number:	CM14-0088643		
Date Assigned:	07/23/2014	Date of Injury:	01/25/2012
Decision Date:	09/26/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/12/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, knee, and leg pain reportedly associated with an industrial injury of January 25, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; and unspecified amounts of physical therapy. In a Utilization Review Report dated May 12, 2014, the claims administrator denied a request for Norco and denied a request for 12 sessions of chiropractic manipulative therapy. The now-outdated, now-relabeled MTUS 9792.20e was cited. The Utilization Review Report was over 10 pages long and was very difficult to follow. In a handwritten note dated April 30, 2014, difficult to follow, not entirely legible, the applicant reported persistent complaints of low back pain, reportedly improved. The note employed preprinted checkboxes, in large part, and was furthermore, very difficult to follow. The applicant was asked to continue unspecified medications while remaining off of work, on total temporary disability. Norco, naproxen, and Axid were renewed. The applicant was asked to consider a functional restoration program. In an earlier handwritten note dated March 6, 2014, the applicant was again described as having persistent complaints of knee pain. The applicant was placed off of work, on total temporary disability. There was no discussion of medication efficacy. The applicant was simply asked to continue unspecified medications. In an earlier note dated January 23, 2014, the applicant was again described as having persistent complaints of knee and low back pain, unchanged. The note was very difficult to follow, once again, and was handwritten. The applicant was placed off of work, on total temporary disability. It appears that the applicant was asked to continue chiropractic manipulative therapy on the April 30, 2014 progress note, again through usage of preprinted checkboxes. The attending provider did check boxes stating "continue" and "start,"

making it difficult to ascertain whether or not the request for manipulative therapy was a first-time request or a renewal request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The attending provider's handwritten progress notes, furthermore do not establish the presence of any tangible decrements in pain or material improvements in function achieved as a result of ongoing Norco usage. Therefore, the request for Norco 10/325 mg, sixty count, is not medically necessary or appropriate.

Chiropractic medicine for the lumbar spine, twice weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chiropractic Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation topic Page(s): 58-60.

Decision rationale: The 12-session course of chiropractic manipulative therapy proposed, in and of itself, represents treatment in excess of the "trial of six visits" endorsed for chiropractic manipulative therapy in the Chronic Pain Medical Treatment Guidelines and also in excess of the "four to six treatments" deemed necessary to produce effect in the Chronic Pain Medical Treatment Guidelines. No rationale for treatment in excess of MTUS parameters was proffered by the attending provider. Furthermore, it was not evident whether or not the request was a first-time request or a renewal request for chiropractic manipulative therapy. While the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who achieve and/or maintain successful return to work status, in this case, however, the applicant is off of work, on total temporary disability. Pursuing chiropractic manipulative therapy in the amount and quantity proposed is not, thus, indicated, for all of the stated reasons. Therefore, the request for Chiropractic medicine for the lumbar spine, twice weekly for six weeks, is not medically necessary or appropriate.

