

Case Number:	CM14-0190977		
Date Assigned:	11/24/2014	Date of Injury:	11/30/2007
Decision Date:	01/09/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/17/2014

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 Medicine and is licensed to practice in New Jersey. 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 59-year-old male who reported an injury on 11/30/2007. The mechanism of injury was due to a slip and fall on a wet floor. The injured worker has a diagnosis of failed back surgery syndrome, sacroiliac joint dysfunction and pain, lumbar facet joint pain, lumbar neuralgia, and bilateral knee arthropathy. Past medical treatment consists of surgery, dorsal column stimulator, psychiatric evaluations, sacroiliac joint injections, acupuncture, aquatic therapy, and medication therapy. Medications include hydrocodone, naproxen, and Lyrica. On 08/05/2011, an MRI of the lumbar spine revealed no significant residual pathology. On 10/28/2014, the injured worker complained of lumbar back pain and lower extremity pain. The injured worker rated the pain at an 8/10. Physical examination of the lumbar spine revealed alignment and curvature were grossly normal. There was a healed postsurgical scar consistent with laminectomy/discectomy. There was paralumbar tenderness bilaterally from L3-S1. Kemp's was positive. Valsalva, straight leg raise, and Waddell's were negative. Range of motion was reduced by 40% with pain. Examination of the lower extremities revealed tingling corresponding to the right L4, L5, and S1 dermatomes. Deep tendon reflexes were 2/4 bilateral patellar tendons. Motor strength was 5/5 globally throughout the bilateral lower extremities. The medical treatment plan was for the injured worker to continue with medication therapy and undergo chiropractic care sessions of the lumbar back. The provider feels chiropractic care manipulation will help to restore function and reduce pain. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions (lumbar back) 1x6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Manual therapy & manipulation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Therapy Manual Therapy Page(s): 58-59.

Decision rationale: The California MTUS recommend manual therapy/manipulation for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measureable gains in functional improvement that facilitate progression in the injured worker's therapeutic exercise program and return to productive activities. The submitted documentation indicated that the injured worker was more than 7 years status post injury and he was already expected to have trialed previous chiropractic therapy. The report lacked pertinent evidence of objective functional improvement from previous therapies. Additionally, there was no mention of any recent exacerbations of symptoms that the injured worker was having to the lumbar spine. Furthermore, the injured worker should already be well versed in the home exercise program at this point to address ongoing pain complaints and deficits. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.

Senokot (dosage/quantity/duration unknown): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Opioids; Initiating Therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid-induced constipation treatment (Senokot).

Decision rationale: The request for Senokot is not medically necessary. The ODG recommend opioid induced constipation treatment. Upon prescribing the opioid, especially if it would be needed for more than a few days, there should be an open discussion with the patient that this medication may be constipating and the first step should be to identify and correct it. Simple treatment teaching, such as including increased physical therapy, maintaining hydration by drinking enough water, and advising the injured worker to follow a proper diet rich in fiber can reduce the chance and severity of opioid induced constipation and constipation in general. In addition, some laxatives may be helpful to stimulate gastric motility. The submitted documentation did not indicate that the injured worker was suffering from constipation. Additionally, there was no indication of the provider having educated the injured worker on proper hydration, proper diet, and proper exercise regarding opioid induced constipation. Furthermore, the request as submitted did not indicate a frequency, duration, or dosage of the medication. Given the above, the injured worker is not within ODG criteria. As such, the request is not medically necessary.

