

Case Number:	CM14-0205129		
Date Assigned:	12/17/2014	Date of Injury:	04/27/2013
Decision Date:	02/06/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/08/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 48 year old male who was injured at work on 04/27/2013 . The injured worker is reported to be complaining of low back pain of 5-6/10, right lower extremity radicular pain, 9/10 constant pain from hernia repair. He complained of frequently severe pain, tenderness and soreness in the right groin that radiate to his right testis and the base of his penis, the right groin pain is made worse by pushing, pulling, laughing, sneezing, coughing and defecating. Also, he complained of 3/10 left knee pain. The physical examination revealed difficulty rising from sitting position, normal gait, stiff motion, limited lumbar range of movement, the abdominal examination was remarkable for tender transverse scar in the right groin, tenderness to touch of the right testicle, no palpable hernia. The worker has been diagnosed of thoracic. sprain/strain, lumbar spine sprain/strain, right groin pain status post right inguinal hernia repair with persistent pain and numbness, left knee pain, gastritis due to medications, Treatments have included 12 physical therapy sessions, E stim unit, and chiropractic care. At dispute are the requests for General Surgery Consultation; Naproxen Cream 60gm x1 refill; and for Chiro x6.

IMR ISSUES, DECISIONS AND RATIONALES

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

General Surgery Consultation: Overturned

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 General Approach to Initial Assessment and Documentation Page(s): 21-23.

Decision rationale: The injured worker sustained a work related injury on 04/27/2013. The medical records provided indicate the diagnosis of thoracic sprain/strain, lumbar spine sprain/strain, right groin pain status post right inguinal hernia repair with persistent pain and numbness, left knee pain, gastritis due to medications. Treatments have included 12 physical therapy sessions, E-stim unit, and chiropractic care. The medical records provided for review do indicate a medical necessity for General Surgery Consultation. The records reviewed indicate this injured worker with previous history of right inguinal hernia repair initially reported to the provider in 09/24/14 complaining of severe right-sided abdomen pain that is worsened by activities that increase the abdominal pressure, like coughing and sneezing. The examination revealed tenderness on the previous hernia site, but no palpable inguinal hernia; although there was tenderness in the right testis. At this time the provider, admitted he lacked the expertise to manage this case, but implemented watchful waiting for four weeks. At the end of four weeks, the injured worker was not improved and he was then referred to a surgeon. Although the MTUS recommends against immediate referral for non-red flag conditions, the MTUS does not forbid referrals in the absence of red flag; rather, the MTUS regards 4 weeks of care as the duration for expected spontaneous recovery. In this particular case of previous abdominal surgery, there is need to for this injured worker to be properly evaluated to ensure he is not suffering from internal hernia due to previous surgery. The requested referral is medically necessary and appropriate.

Naproxen Cream 60 gm times 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on 04/27/2013. The medical records provided indicate the diagnosis of thoracic sprain/strain, lumbar spine sprain/strain, right groin pain status post right inguinal hernia repair with persistent pain and numbness, left knee pain, gastritis due to medications. Treatments have included 12 physical therapy sessions, E stim unit, and chiropractic care. The Medical records reviewed do not indicate a medical necessity for Naproxen Cream 60 gm times 1 refill. The topical analgesics are largely experimental drugs primarily used for treatment of neuropathic pain that has failed trials of antidepressants and anticonvulsants. The records reviewed do not indicate the injured worker has neuropathic pain, or has failed treatment with either of the two groups of medications. The records also, do not indicate the injured worker has osteoarthritis and tendinitis, of the knee and elbow or other joints that are amenable to topical treatment. Therefore, the requested treatment is not medically necessary.

Chiropractic therapy times 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 59.

Decision rationale: The injured worker sustained a work related injury on 04/27/2013. The medical records provided indicate the diagnosis of thoracic sprain/strain, lumbar spine sprain/strain, right groin pain status post right inguinal hernia repair with persistent pain and numbness, left knee pain, gastritis due to medications. Treatments have included 12 physical therapy sessions, E stim unit, and chiropractic care. The Medical records reviewed do not indicate a medical necessity for Chiropractic therapy times 6. The utilization review report indicates the injured worker has had 24 chiropractic visits, but there was no documentation of benefit from the treatment. The MTUS recommends a trial of 6 visits over 2 weeks for the low back, and to continue for a total of 18 visits over 6-8 weeks if there is evidence of objective functional improvement. Therefore, the requested treatment is not medically necessary and appropriate.