

Case Number:	CM14-0219254		
Date Assigned:	01/09/2015	Date of Injury:	03/05/2009
Decision Date:	05/04/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Chiropractor

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 43 year old male, who sustained a work related injury on 3/5/09. He was mounting tires on a truck. The diagnoses have included cervical radiculitis, lumbar radiculopathy and chronic pain. Treatments to date have included MRI lumbar spine dated 11/2/11, MRI cervical spine dated 11/2/11, TENS unit therapy, home exercise program and medications. In the Pain Medicine Re-evaluation report dated 10/27/14, the injured worker complains of neck pain that radiates down both arms. He has tenderness in cervical spine C4-7. The range of motion is moderately limited with the cervical spine due to pain. He complains of lower back pain that radiates down both legs. He has tenderness in the lumbar spine L4-S1 with spasm. He has moderately limited range of motion in lumbar spine due to pain. He complains of midback pain. He rates the overall pain a 5/10 with medication use and a 9/10 off of medications. He reports limitations with activities, ambulation hand function, sleep and sex. The treatment plan is to request authorization of chiropractic treatments, myofascial release therapy and medications including Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial release therapy: Upheld

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 Massage; Massage treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases Page(s): 60.

Decision rationale: The claimant presented with recent flare-up of chronic neck and low back pain. There is no change in pain medication prescribed. Current treatment recommendation include medications, chiropractic, massage, and TENS. While evidences based MTUS guidelines recommend 4-6 massage treatment visits, the request for 8 visits exceeded the guidelines recommendation. Therefore, it is not medically necessary.

Hydrocodone 5-500 mg tabs 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation ODG, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain. (Dworkin, 2007) Page(s): 82.

Decision rationale: The claimant presented with recent flare-up of his chronic neck and low back pain with radiculopathy, his pain level is rather severe, 9/10 without medications. Based on the guidelines cited, Opioids such as Hydrocodone might be recommended as first-line therapy for the treatment of episodic exacerbations of severe pain. Therefore, the request for Hydrocodone is medically necessary and appropriate.

Chiropractic Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic. Decision based on Non-MTUS Citation ODG, Chiropractic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: Recommended as an option. Therapeutic care Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care: Not medically necessary. Recurrences/ flare-ups: Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months Page(s): 58-59.

Decision rationale: The claimant presented with recent flare-up of low back pain and neck pain. Progress report dated 10/27/2014 noted the claimant has had 12 chiropractic visits previously with positive outcomes. Based on the guidelines cited, 1-2 visits might be recommended for flare-ups. However, the request for 8 visits exceeded the guidelines recommendation. Therefore, it is not medically necessary.