MAXIMUS Federal Services

Case Number:	CM14-0073275		
Date Assigned:	07/16/2014	Date of Injury:	12/31/2013
Decision Date:	12/10/2015	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/20/2014

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: Preventive Medicine, Occupational Medicine

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 31 year old male with an industrial injury dated 12-31-2013. A review of the medical records indicates that the injured worker is undergoing treatment for thoracolumbar musculoligamentous sprain and strain with right lower extremity radiculopathy, bilateral shoulder sprain and strain and shortness of breath from chemical exposure. According to the progress note dated 04-22-2014, the injured worker reported mid back pain, upper back pain, bilateral shoulder pain, low back pain and respiratory shortness of breath. Pain level was not documented in report (04-22-2014). Objective findings (04-22-2014) revealed thoracic spine tenderness to palpitation with muscle guarding and spasm over the paravertebral musculature. Range of motion of thoracic spine was 45 degrees of flexion, and 25 degrees of right and left rotation. Lumbar spine exam revealed tenderness to palpitation with muscle guarding and spasm over the paravertebral musculature, and positive straight leg raise on the right. Range of motion of lumbar spine was 42 degrees of flexion, 15 degrees of extension, and 18 degrees of right and left side bending. Bilateral shoulder exam revealed tenderness to palpitation over the sternoclavicular joint. Range of motion of the bilateral shoulder was 160 degrees of flexion, 35 degrees of extension, and 155 degrees of abduction, 35 degrees of adduction, 70 degrees internal rotation and external rotation. Sensory exam revealed decreased sensation in the right lower extremity and in the first and second toes. Treatment has included diagnostic studies, prescribed medications, and periodic follow up visits. The utilization review dated 05-14-2014, non-certified the request for Norco 2.5-325mg #60 and modified the request to 6 chiropractic manipulation sessions (original: 12).

IMR ISSUES, DECISIONS AND RATIONALES

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

12 chiropractic manipulation sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: MTUS Guidelines specifically recommend that a trial of 6 session of Chiropractic therapy be trialed and proven beneficial before additional sessions are utilized. This Guideline standard is not met with this request. The request for 12 sessions significantly exceeds Guideline recommendation in this circumstance and there are no unusual conditions to support an exception to the Guidelines. The request for 12 chiropractic manipulation sessions is not medically necessary.

Norco 2.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: MTUS Guidelines have very specific recommended standards before use of opioids is recommended for long-term musculoskeletal pain. These standards include screening for risk of misuse, failed trials of non-opioid medications, and a recommended opioid contract in place. These standards have not been met in this individual. No risk analysis is reported, a new NSAID is to be trialed and its effectiveness has not been evaluated, and no opioid contract is reported. Under these circumstances, the Norco 2.5/325mg #60 is not supported by Guidelines and is not medically necessary.