

<b>Case Number:</b>	CM15-0107240		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	04/19/2001
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: Emergency 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 62 year old female with an industrial injury dated 04/19/2001 resulting in a back injury. Her diagnoses included thoracic or lumbosacral neuritis or radiculitis and long-term (current) use of other medications. Co morbid diagnoses include hypertension and diabetes. Prior treatment included physical therapy, massage therapy and chiropractic treatment. She presents on 04/27/2015 with complaints of pain, stiffness, spasms and occasional numbness. She rated the pain at worst as a 9/10 and on average 4/10. Sitting, standing, walking and lying down made the pain worse. It interfered with her sleep, family life, work performance and driving. Pain is better with medications. Physical exam revealed facet tenderness present bilaterally on the lumbar spine. Axial loading of the lumbar spine worsens the pain. Range of motion of the lumbar spine was decreased due to pain. Radicular pain was present on the lumbar 3 - 4 levels. Muscle strength was normal. MRI of lumbar spine dated 08/2014 is documented in this note as levoscoliosis of the lumbar spine, annular bulging at lumbar 2-3 and bilateral facet hypertrophy at lumbar 5-sacral 1. The formal report is not in the submitted records. Treatment plan included chiropractic treatments, pain cream, follow up and Norco. The only note available for review is dated 04/27/2015. In this note, the provider notes the injured worker demonstrated increased activity and functionality on opiate therapy and there had been no issues of misuse or diversion of the medication. The request is for chiropractic manipulation of the lumbar spine and left hip, six sessions; compound cream (not defined and no quantity given), follow up visit (authorized) and Norco 10/325 mg quantity 90 (authorized).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Cream (not defined and no quantity given): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 111- 113, Topical Analgesics.

**Decision rationale:** The request for Compound Cream (not defined and no quantity given), is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has pain, stiffness, spasms and occasional numbness. She rated the pain at worst as a 9/10 and on average 4/10. Sitting, standing, walking and lying down made the pain worse. It interfered with her sleep, family life, work performance and driving. Pain is better with medications. Physical exam revealed facet tenderness present bilaterally on the lumbar spine. Axial loading of the lumbar spine worsens the pain. Range of motion of the lumbar spine was decreased due to pain. Radicular pain was present on the lumbar 3 - 4 levels. Muscle strength was normal. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Compound Cream (not defined and no quantity given) is not medically necessary.

**Chiropractic manipulations of the lumbar spine and left hip, six sessions: 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, Pages 58-59.

**Decision rationale:** The request for Chiropractic manipulations of the lumbar spine and left hip, six sessions, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Manual Therapy and Manipulation, Pages 58-59, recommend continued chiropractic therapy with documented objective evidence of derived functional benefit. The injured worker has pain, stiffness, spasms and occasional numbness. She rated the pain at worst as a 9/10 and on average 4/10. Sitting, standing, walking and lying down made the pain worse. It interfered with her sleep, family life, work performance and driving. Pain is better with medications. Physical exam revealed facet tenderness present bilaterally on the lumbar spine. Axial loading of the lumbar spine worsens the pain. Range of motion of the lumbar spine was decreased due to pain. Radicular pain was present on the lumbar 3 - 4 levels. Muscle strength was normal. The treating

physician has not documented objective evidence of derived functional benefit from completed chiropractic sessions, such as improvements in activities of daily living, reduced work restrictions or reduced medical treatment dependence. The criteria noted above not having been met, Chiropractic manipulations of the lumbar spine and left hip, six sessions is not medically necessary.