

Case Number:	CM15-0196147		
Date Assigned:	10/09/2015	Date of Injury:	07/15/2013
Decision Date:	11/18/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/06/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 56 year old female, who sustained an industrial injury on 07-15-2013. The injured worker was diagnosed as having chronic myofascial pain syndrome and chronic lumbar strain and chronic lumbosacral radiculopathy. On medical records dated 09-21-2015 and 08-10-2015 the subjective complaints were noted as pain the lumbar spine. Numbness and tingling in left leg was noted. Objective findings were noted as positive left straight leg raise with decreased sensation to left foot. Range of motion of back was decreased by 10% in all planes. Positive spasm of the lumbar spine paraspinal muscles was noted as well. Treatments to date included medication. The injured worker was noted to be not working. Current medications were listed as Naprosyn, Omeprazole, Flexeril, Neurontin and Methoderm Gel. The Utilization Review (UR) was dated 10-01-2015. A Request for Authorization was dated 09-21-2015. The UR submitted for this medical review indicated that the request for Chiropractic session (lumbar) 2 times a week for 4 weeks and Methoderm #2 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions (lumbar) 2 times a week for 4 weeks: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Chiropractic therapy is considered manual therapy. It is recommended for chronic musculoskeletal pain. For Low back pain, therapeutic care is for 6 visits over 2 weeks with functional improvement up to a maximum of 18 visits over 8 weeks. In this case, the claimant was already doing home exercises. An initial trial to determine response is appropriate but the request for 8 sessions exceeds the 6 visits to determine functional response. As a result, the request is not medically necessary.

Menthoderm #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the claimant was on multiple topical analgesics and oral NSAID. Topical NSAIDs can reach systemic levels similar to oral NSAIDs. Multiple topicals are not indicated. Therefore, the continued use of Menthoderm is not medically necessary.