

Case Number:	CM15-0204811		
Date Assigned:	10/21/2015	Date of Injury:	01/12/2008
Decision Date:	12/03/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old, male who sustained a work related injury on 1-12-08. A review of the medical records shows he is being treated for neck and low back pain. In the progress notes dated 9-8-15, the injured worker reports neck pain. He rates this pain a 4 out of 10. He reports low back pain with intermittent stiffness. He reports he has "flaring" of low back pain radiating to the left leg associated with numbness and occasional weakness. He rates his low back pain a 6 out of 10. On physical exam dated 9-8-15, lumbar range of motion is "50% of expected", spinal movements are restricted in all planes. Treatments have included chiropractic treatments- "number of sessions-with "great benefit". He is working with modified duty. The treatment plan includes requests for a heating pad, a cervical pillow and a request for 8 sessions of chiropractic treatment. In the Utilization Review dated 10-5-15, the requested treatments of Voltaren gel 1% 200gms and chiropractic treatments x 8 to low back and left radiculopathy are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 200g #3: Overturned

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): Topical Analgesics.

Decision rationale: The claimant sustained a work injury in January 2008 and is being treated for chronic neck and low back pain. In December 2013 chiropractic treatments are referenced as having been of great benefit. When seen in September 2015 he was having neck pain rated at 4/10 and low back pain at 6/10. He was having a flare of low back pain radiating into the left lower extremity with numbness and occasional weakness. He was having difficulty sleeping. Physical examination findings included decreased cervical and lumbar range of motion without neurological deficits. Medical diagnoses included Gaucher disease. Authorization for 8 chiropractic treatments and for Voltaren gel was requested. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications (NSAIDS). In this case, the claimant has a history of Gaucher disease and oral NSAIDS would be relatively contraindicated. He has localized neck and low back pain that appears amenable to topical treatment. Generic medication is available. This request for Voltaren gel is medically necessary.

8 chiropractic treatments for the low back and left radiculopathy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Manipulation.

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

Decision rationale: The claimant sustained a work injury in January 2008 and is being treated for chronic neck and low back pain. In December 2013 chiropractic treatments are referenced as having been of great benefit. When seen in September 2015 he was having neck pain rated at 4/10 and low back pain at 6/10. He was having a flare of low back pain radiating into the left lower extremity with numbness and occasional weakness. He was having difficulty sleeping. Physical examination findings included decreased cervical and lumbar range of motion without neurological deficits. Medical diagnoses included Gaucher disease. Authorization for 8 chiropractic treatments and for Voltaren gel was requested. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over two weeks with further treatment considered if there is objective evidence of functional improvement and with a total of up to 18 visits over 6-8 weeks. In this case, the number of initial treatment sessions requested is in excess of the guideline recommendation. The total number of treatments already provided is not documented. The request is not medically necessary.

