

Case Number:	CM15-0032744		
Date Assigned:	02/26/2015	Date of Injury:	11/04/2010
Decision Date:	04/06/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/21/2015

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: Texas, Illinois

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 35 year old male who sustained an industrial injury on 02/11/2015. On provider visit dated 02/04/2015 the injured worker has increase back pain with bilateral leg numbness and weakness of arms. On examination he was noted to have positive straight leg raise, positive trigger points of paracervical muscles. The diagnoses have included cervical spine and lumbar spine strain, myofascial pain syndrome and lumbosacral radiculopathy. On 02/22/2015 Utilization Review non-certified Lidocaine Patch 5% to all affected areas #60 and modified 8 Sessions of Chiropractic Treatment for the Cervical and Lumbar Spine Flare up. CA MTUS, ACOEM, Chronic Pain Medical Treatment Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of Chiropractic Treatment for the Cervical and Lumbar Spine Flare up:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The injured worker sustained a work related injury on 02/11/2015.. The medical records provided indicate the diagnosis of cervical spine and lumbar spine strain, myofascial pain syndrome and lumbosacral radiculopathy. Treatments include Physical therapy, injections, Naproxen, prilosec, flexeril, Neurontin and Lidocaine pathes. The medical records provided for review do not indicate a medical necessity for 8 Sessions of Chiropractic Treatment for the Cervical and Lumbar Spine Flare up. The MTUS recommends a therapeutic trial of 6 visits over 2 week; but to extend it up to 18 visit in two weeks if there is an objective functional improvement of low back pain. For flare-up and recurrences, the MTUS recommends a reassessment of the previous care and if the worker has returned to work, to provide 1-2 visits every 4-6 months during flare-up of low back pain. .The requested number exceeds the number allowed by the MTUS. Also, the MTUS does not recommend manipulation of the neck during the chronic phase of the injury

Lidocaine Patch 5% to all affected areas #60: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on 02/11/2015.. The medical records provided indicate the diagnosis of cervical spine and lumbar spine strain, myofascial pain syndrome and lumbosacral radiculopathy. Treatments include Physical therapy, injections, Naproxen, prilosec, flexeril, Neurontin and Lidocaine pathes. The medical records provided for review do not indicate a medical necessity for Lidocaine Patch 5% to all affected areas #60. The only formulation of Lidocaine recommended by the MTUS as a topical analgesic is Lidoderm patch The MTUS does not recommend the use of any compounded product that contains at least one drug (or drug class) that is not recommended.