

Case Number:	CM15-0036685		
Date Assigned:	03/05/2015	Date of Injury:	04/10/2007
Decision Date:	04/10/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/26/2015

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, Washington

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 53-year-old female who reported an injury on 04/10/2007. The mechanism of injury was not specifically stated. The current diagnoses include chronic low back pain, status post L5-S1 fusion, chronic compression fracture at T11-12, left shoulder arthralgia, cervical disc herniation with neural foraminal narrowing, and chronic pain. The injured worker presented on 12/30/2014 for a follow-up evaluation. The injured worker reported persistent neck and low back pain. It was noted that the injured worker had been previously treated with chiropractic therapy and an epidural steroid injection for the cervical spine. The injured worker was status post lumbar fusion on 01/24/2013. Additionally, the injured worker was utilizing Norco 10/325 mg, Prilosec 20 mg, Docuprene 100 mg, and Motrin 200 mg. Upon examination, there was decreased range of motion of the cervical and lumbar spine, decreased sensation in the C6-8 dermatomes on the left, decreased sensation in the L4-S1 dermatomes on the left, 4+/5 motor weakness of the left upper extremity, and 4+/5 motor weakness in the left lower extremity. Recommendations included continuation of the current medication regimen. A Request for Authorization form was then submitted on 12/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 8 visits for neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. Treatment is recommended with a therapeutic trial of 6 visits over 2 weeks. In this case, it was noted that the injured worker has participated in a previous course of chiropractic therapy for the cervical spine. However, there was no documentation of significant functional improvement. Additional treatment would not be supported in this case. Therefore, the request is not medically appropriate.

Norco 10/325mg, #60, prescribed 12-30-14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized the above medication since at least 09/2014. Despite the ongoing use of the above medication, the injured worker continues to present with high levels of pain in the cervical and lumbar spine. There was no documentation of significant functional improvement. There was also no frequency listed in the requests. Given the above, the request is not medically appropriate.