

Case Number:	CM14-0183154		
Date Assigned:	11/10/2014	Date of Injury:	02/08/2010
Decision Date:	12/17/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	11/04/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant injured his low back on 12/08/10 while doing repetitive twisting and lifting of boxes. Additional chiropractic treatment for the lumbar spine for 12 visits and a DNA medicated kit are under review. He completed PT and had 12 chiropractic sessions from 07/16/14 through 08/13/14 with 25-30% improvement. Acupuncture helped and he also used a TENS unit. MRI of the lumbar spine dated 01/20/14 revealed retrolisthesis at L4-5 with a left sided central to paracentral protrusion. At L5-S1, there was a disc extrusion with central to paracentral right S1 impingement. There foraminal stenosis on both levels. There were significant multilevel discogenic changes that were worse at L4-5 and L5-S1. On 08/07/14, he complained of back pain and left leg pain and numbness and worsening of his mid back pain. There was tenderness and muscle spasm noted. He had decreased range of motion and decreased left gastrocnemius strength. Sensation was decreased to light touch in the left S1 distribution. Tendon reflex at the left ankle was absent. There were 2+ bilateral knee and right ankle reflexes. Straight leg raise was positive on the left side at 40. The pain radiated to the lateral aspect of the left foot. He had tenderness of the thoracic area with palpable spasms and limited range of motion. He was seen for a reevaluation after 12 visits of chiropractic therapy. He reportedly also had a T11-T12 HNP noted on an unknown date. None of the available records discuss the indications for the "DNA Medicated Kit".

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic Treatment 2x6 for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Page(s): 92.

Decision rationale: The history and documentation do not objectively support the request for chiropractic treatment for 12 additional visits (2 x 6). The CA MTUS page 92 states manipulation is "recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - not medically necessary. Recurrences/flare-ups - Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months." In this case, the claimant has had chiropractic care and it helped but there is no evidence of outlier status to support a total of 24 visits when the MTUS allow up to 18. There is brief mention of benefit but objective evidence of improvement, including functional restoration, from this treatment has not been described. It is not stated clearly whether the claimant is involved in an ongoing exercise program to help to maintain the improvement he gets. MTUS states chiropractic is not a standalone treatment but should be done in conjunction with an exercise program. The medical necessity of this request has not been clearly demonstrated.

DNA medicated kit (one time only): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): 42.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=730fbb21-de7a-4c7c-8ca2-d314fb93ee3e>.

Decision rationale: The history and documentation do not objectively support the request for a DNA medicated kit. The MTUS do not address this type of request. This kit is described here: <http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=730fbb21-de7a-4c7c-8ca2-d314fb93ee3e>. This kit is a "Lidocaine Hydrochloride Oral Topical Solution, USP (Viscous) 2%". According to this referenced, Lidocaine Hydrochloride Oral Topical Solution, USP (Viscous) 2%, is indicated for the production of topical anesthesia of irritated or inflamed mucous membranes of the mouth and pharynx. It is also useful for reducing gagging during the taking of X-ray pictures and dental impressions.

