

Case Number:	CM14-0090403		
Date Assigned:	06/27/2014	Date of Injury:	02/07/1999
Decision Date:	08/19/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/13/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 injured worker is a 53-year-old female who was reportedly injured on February 7, 1999. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated January 30, 2014, indicated that there were ongoing complaints of low back pain and anxiety. The physical examination demonstrated tenderness to palpation, positive seated straight leg raising, deep tendon reflexes to be normal bilaterally and tenderness to palpation. Lumbar spine range of motion was slightly decreased. Muscle spasms were also noted. Diagnostic imaging studies were not reviewed. Previous treatment included laminectomy and disc excision, physical therapy and multiple medications. A request was made for chiropractic care, urinalysis, Norco, Soma and consultation with pain management for possible epidural steroid injections and was not certified in the pre-authorization process on May 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation to the lumbar spine, 2 x per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: When noting the date of injury, the injury sustained, the surgical interventions completed and the suggested treatment outlined by the qualified medical evaluator provider and by the parameters listed in the California Medical Treatment Utilization Schedule (CAMTUS), there was no clinical indication presented for additional chiropractic care. This was a decade after the date of injury. Such interventions are recommended in the first several weeks and no more than 4 to 6 sessions. Therefore, based on the parameters outlined in the (CAMTUS), the medical necessity for this request has not been established.

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pain treatment agreement; Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): Chapter 4, page 78.

Decision rationale: When noting the treatment rendered and the findings on physical examination, there was no indication of substance abuse, illicit drug use, diversion or the premises would require such a study. As outlined in the California Medical Treatment Utilization Schedule, such a drug screening is indicated if there is a determination or a suspicion of the presence of illegal drugs. Therefore, based on the progress notes presented for review, the medical necessity for this assessment has not been established.

Norco 10/325mg, #120, 4 refills (Prescribed 04/24/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab); Hydrocodone/Acetaminophen (Norco).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78.

Decision rationale: When considering the date of injury, the injury sustained, the surgical intervention and the numerous treatment modalities applied and also taking note of the current pain complaints and the lack of any significant efficacy or utility, there simply was no clinical indication for chronic, indefinite use of this medication. As outlined in the California Medical Treatment Utilization Schedule, this medication is for the short-term management of moderate to severe breakthrough pain. This is not intended to be a multiple times a day medication taken on a routine basis. Therefore, with no objectification of increase in the functional status or ability to return to work, there is insufficient clinical data to establish the medical necessity for this medication.

Soma 350mg, #60, 4 refills (Prescribed 04/24/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, for pain; Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: The California Medical Treatment Utilization Schedule specifically recommends against the use of Soma and indicates that it is not recommended for long-term use. Based on the clinical documentation provided, the clinician did not provide rationale for deviation from the guidelines. As such with the very specific recommendation of the California Medical Treatment Utilization Schedule against the use of this medication, this medication is not medically necessary.

Consultation with Pain Management for possible Epidural Steroid Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Evaluations, page 127.

Decision rationale: The parameters for consultation is if the occupational provider decided to assist with uncertain diagnosis or a complex case. This case is particularly straightforward. A lumbar strain that was over treated with a surgical intervention but with ongoing complaints of pain. Multiple modalities have been suggested, and the efficacy has not been established. Furthermore, there was no data to suggest, that there was a verifiable radiculopathy, that would require epidural steroid injections. As such, based on the limited clinical rationale presented for review, this request is not medically necessary.