

Case Number:	CM14-0095429		
Date Assigned:	07/25/2014	Date of Injury:	03/25/2014
Decision Date:	09/19/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/23/2014

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 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:

This patient sustained an injury on 3/25/14 while employed by [REDACTED] Request(s) under consideration include additional chiropractic eval/treat, 6 sessions and Lidocaine 5% patch #1 with one refill. Diagnoses include Lumbosacral sprain and Sciatica. Report of 6/2/14 from the provider note the patient was 10% better with treatment of medications, modified activities, and DME tolerated. Complaints include low back pain rated at 7/10 with paresthesias. Exam showed normal gait; normal posture; no thoracolumbar spine and paravertebral muscle spasm; tenderness at musculature; negative Patrick-Fabere testing; range diffusely restricted; DTRs 2+ with intact sensation and no weakness identified. It was noted acupuncture therapy has not started; Medrol is not lasting and will start Mobic daily with additional chiropractic sessions requested. The request(s) for additional Chiropractic Eval/Treat, 6 sessions and Lidocaine 5% patch #1 with one refill were non-certified on 6/10/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic Eval/Treat, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic Sessions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: This patient sustained an injury on 3/25/14 while employed by [REDACTED] [REDACTED] Request(s) under consideration include additional Chiropractic Eval/Treat, 6 sessions and Lidocaine 5% patch #1 with one refill. Diagnoses include Lumbosacral sprain and Sciatica. Report of 6/2/14 from the provider note the patient was 10% better with treatment of medications, modified activities, and DME tolerated. Complaints include low back pain rated at 7/10 with paresthesias. Exam showed normal gait; normal posture; no thoracolumbar spine and paravertebral muscle spasm; tenderness at musculature; negative Patrick-Fabere testing; range diffusely restricted; DTRs 2+ with intact sensation and no weakness identified. It was noted acupuncture therapy has not started; Medrol not lasting and will start Mobic daily with additional chiropractic sessions requested. The request(s) for additional Chiropractic Eval/Treat, 6 sessions and Lidocaine 5% patch #1 with one refill were non-certified on 6/10/14. MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. From records review, it is unclear how many sessions have been completed. Per medicals reviewed, the patient has received a significant quantity of chiropractic manipulation sessions for the ongoing symptom complaints without demonstrated functional improvement from treatment already rendered. There is no report of acute flare-ups, red-flag conditions or new clinical findings to support continued treatment consistent with guidelines criteria. The additional Chiropractic Eval/Treat, 6 sessions are not medically necessary and appropriate.

Lidocaine 5% patch #1 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications Page(s): 111-113.

Decision rationale: This patient sustained an injury on 3/25/14 while employed by [REDACTED] [REDACTED] Request(s) under consideration include Additional Chiropractic Eval/Treat, 6 sessions and Lidocaine 5% patch #1 with one refill. Diagnoses include Lumbosacral sprain and Sciatica. Report of 6/2/14 from the provider note the patient was 10% better with treatment of medications, modified activities, and DME tolerated. Complaints include low back pain rated at 7/10 with paresthesias. Exam showed normal gait; normal posture; no thoracolumbar spine and paravertebral muscle spasm; tenderness at musculature; negative Patrick-Fabere testing; range diffusely restricted; DTRs 2+ with intact sensation and no weakness identified. It was noted acupuncture therapy has not started; Medrol not lasting and will start Mobic daily with additional chiropractic sessions requested. The request(s) for Additional Chiropractic Eval/Treat, 6 sessions and Lidocaine 5% patch #1 with one refill were non-certified on 6/10/14. Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine

and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. Lidocaine 5% patch #1 with one refill is not medically necessary and appropriate.