

Case Number:	CM15-0002570		
Date Assigned:	01/13/2015	Date of Injury:	08/23/2013
Decision Date:	03/11/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/06/2015

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 43 year old male who sustained an industrial injury on 8/23/13. The injured worker reported symptoms in the back. The diagnoses included lumbago and bursitis hip. Treatments to date have included facet joint cortisone injection, chiropractic treatments, home exercise program and stretches, and ergonomic evaluation. Providers' progress notes dated 12/17/14 noted the injured worker presents with tenderness upon lumbar spine evaluation the treating physician is requesting additional chiropractic treatments, lumbar, quantity of 10, and Lidoderm patch 5% quantity of 30. On 12/29/14, Utilization Review non-certified a request for additional chiropractic treatments, lumbar, quantity of 10, and Lidoderm patch 5% quantity of 30. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic Treatment, lumbar QTY: 10.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation; Physical Medicine Page(s): 58-59; 98-99.

Decision rationale: The injured worker sustained a work related injury on 8/23/13. The medical records provided indicate the diagnosis of lumbago and bursitis hip. Treatments to date have included facet joint cortisone injection, chiropractic treatments, home exercise program and stretches, and ergonomic evaluation. The medical records provided for review do not indicate a medical necessity for Additional Chiropractic Treatment, lumbar QTY: 10.00. The records indicate she had chiropractic care in 07/2014, a referral for 8 chiropractic visits in 10/14. There was no documentation of the number of visits she had and the outcome of treatments. The for the manual therapy type of chiropractic care, the MTUS recommends as follows: 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 reevaluate treatment success, if Return to work achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Treatment Parameters from state guidelines. Time to produce effect: 4 to 6 treatments. The chiropractic physical therapy type of treatment follows the physical medicine guidelines of a fading treatment of 3 visits a week, to 1 visit a week for a total of 8-10 visits followed by self home exercise program. The MTUS recommends that if chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Consequently, without knowledge of the number of visits the injured worker has had, and documentation of outcome, it is not possible to determine whether the treatment has been beneficial. The requested treatment is therefore not medically necessary and appropriate.

Lidoderm patch 5% QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 98-99.

Decision rationale: The injured worker sustained a work related injury on 8/23/13. The medical records provided indicate the diagnosis of lumbago and bursitis hip. Treatments to date have included facet joint cortisone injection, chiropractic treatments, home exercise program and stretches, and ergonomic evaluation. The medical records provided for review do not indicate a medical necessity for Lidoderm patch 5% QTY: 30.00. Lidoderm patch is a topical analgesic containing Lidocaine. The MTUS states that Lidoderm is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an Antiepileptic drug such as gabapentin or Lyrica). The requested treatment is not medically necessary and appropriate because there is no documentation of failed treatment with either of the two groups of drugs.

