

Case Number:	CM15-0014096		
Date Assigned:	02/02/2015	Date of Injury:	08/15/2011
Decision Date:	03/18/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/26/2015

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

Certification(s)/Specialty: Emergency 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 54 year old male, who sustained a work related injury on 8/15/11. The diagnoses have included lumbar radiculopathy, low back pain, right medial meniscus tear, left lateral meniscus tear, bilateral knee effusions, and bilateral knee pain. Treatments to date have included MRIs of right and left knees, oral medications, and 18 chiropractic treatments which the injured worker states he got 50% pain relief after each session. In the PR-2 dated 12/17/14, the injured worker complains of low back and left knee pain. He rates the pain a 5/10 on medications and a 7/10 off of medications. He states he is not sleeping well. On 12/29/14, Utilization Review non-certified a request for additional chiropractic treatments x 6. The California MTUS, Chronic Pain Treatment Guidelines, were cited. On 12/29/14, Utilization Review modified a request for Colace 100mg, #120 to Colace 100mg, #60. The California MTUS, Chronic Pain Treatment Guidelines, were cited. On 12/29/14, Utilization Review certified requests for Norco 10/325mg, #60 and Cymbalta 60mg, #60. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic treatment, QTY: 6.00: 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 Manual Therapy and Manipulation, Page(s): 58-59.

Decision rationale: The requested Additional chiropractic treatment, QTY: 6.00, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Manual Therapy and Manipulation, Pages 58-59, recommend continued chiropractic therapy with documented objective evidence of derived functional benefit. The injured worker has low back and left knee pain. The treating physician has not documented objective evidence of derived functional benefit from completed chiropractic sessions, such as improvements in activities of daily living, reduced work restrictions or reduced medical treatment dependence. The criteria noted above not having been met, additional chiropractic treatment, QTY: 6.00 is not medically necessary.

Colace 100mg, QTY:120.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: The requested Additional chiropractic treatment, QTY: 6.00, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, July 18, 2009, Opioids, criteria for use, Page 77, noted in regards to opiate treatment that opiates have various side effects, that "include serious fractures, sleep apnea, hyperalgesia, immunosuppression, chronic constipation, bowel obstruction and that Prophylactic treatment of constipation should be initiated." The injured worker has low back and left knee pain. The treating physician has not documented the duration of opiate therapy, presence of constipation, nor symptomatic or functional improvement from previous use of this medication. The request for Colace 100mg, QTY: 120.00 is not medically necessary.