

Case Number:	CM15-0121721		
Date Assigned:	07/02/2015	Date of Injury:	07/25/2012
Decision Date:	07/31/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/25/2015

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 36 year old male who sustained an industrial injury on 7/25/12. He had complaints of low back and leg pain. Progress note dated 6/11/15 reports complaints of constant persistent numbness and tingling down in the bottom of his left foot and into the great toe. He has burning on the medial aspect of the left knee and gets numbness down the medial leg and ankle region, also with weakness of the left leg. Lower back pain is increasing constant and persistent, worsens with prolonged sitting and is rated 8/10. Diagnoses include left sided L5-S1 disk degeneration with a 2 mm disk bulge and possible worsening left sided radiculitis with underlying possible left SI joint dysfunction and pain and left hip labral tear with impingement, non-industrial. Plan of care includes: authorization request for 8 visits of physical therapy, chiropractic treatment or acupuncture, repeat EMG and nerve velocity study of the lower extremities, Norco 5/325 mg 1 every other day as needed for pain #30 with 1 refill, Naprosyn 500 mg 1 two times per day as needed for pain #60 with 1 refill and Medrol dosepak to take as prescribed, #1 with 2 refills. Work status will continue with modified duties taking a break for five minutes every one hour as needed for pain. Follow up on an as needed basis under future medical care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment x8 visits for the low back and left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation, Pages 58-59 Page(s): 58-59.

Decision rationale: The requested Chiropractic treatment x8 visits for the low back and left lower extremity 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 leg pain. Progress note dated 6/11/15 reports complaints of constant persistent numbness and tingling down in the bottom of his left foot and into the great toe. He has burning on the medial aspect of the left knee and gets numbness down the medial leg and ankle region, also with weakness of the left leg. Lower back pain is increasing constant and persistent, worsens with prolonged sitting and is rated 8/10. The treating physician has not documented the medical necessity for chiropractic sessions beyond a guideline supported current trial of 4-6 sessions and then re-evaluation. The criteria noted above not having been met, Chiropractic treatment x8 visits for the low back and left lower extremity is not medically necessary.

Norco 5/325mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Norco 5/325mg #30 with 1 refill is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back and leg pain. Progress note dated 6/11/15 reports complaints of constant persistent numbness and tingling down in the bottom of his left foot and into the great toe. He has burning on the medial aspect of the left knee and gets numbness down the medial leg and ankle region, also with weakness of the left leg. Lower back pain is increasing constant and persistent, worsens with prolonged sitting and is rated 8/10. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 5/325mg #30 with 1 refill is not medically necessary.

