MAXIMUS Federal Services

Case Number:	CM15-0122837		
Date Assigned:	07/07/2015	Date of Injury:	10/01/2013
Decision Date:	08/25/2015	UR Denial Date:	05/28/2015
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: Family Practice

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 38 year old male, who sustained an industrial injury on 10/1/2013. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical, thoracic and lumbar musculoligamentous sprain/strain and bilateral lower extremity radiculitis. There is no record of a recent diagnostic study. Treatment to date has included chiropractic care and medication management. In a progress note dated 5/14/2015, the injured worker complains of ongoing numbness and tingling in the bilateral lower extremities. Physical examination showed lumbar tenderness. The treating physician is requesting chiropractic manipulation to the back for 6 sessions, lumbar magnetic resonance imaging, Norco 5/325 mg #60 and Norco 5/325 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation to the back, quantity: 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

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

Decision rationale: According to the MTUS guidelines, manipulation for the low back is 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. In this case, the medical records note that the injured worker has undergone prior chiropractic treatments. However, in the absence of documented objective functional improvement, the request for additional treatment is not supported. The request for Chiropractic manipulation to the back, quantity: 6 sessions is not medically necessary and appropriate.

MRI (Magnetic Resonance Imaging) of the lumbar spine, quantity: 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 304. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), 5th Edition 2007 or current year, Low Back see MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: According to ACOEM guidelines, imaging of the low back should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. The medical records note that a surgical consultation has been authorized. The last lumbar spine imaging was performed in March 2014 and at this juncture the request for updated imaging is supported. The request for MRI (Magnetic Resonance Imaging) of the lumbar spine, quantity: 1 is medically necessary and appropriate.

Norco 5/325mg, quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-81. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), 5th Edition 2007 or current year, Pain (Chronic), Weaning, Opioids (specific guidelines).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The long term use of opioids is not supported by the MTUS guidelines. The long term use of opioids leads to dependence, tolerance and testosterone imbalance in men. The MTUS guidelines state that in order to support continued opioid use, there should be evidence of improvement in pain and function. The medical records do not establish evidence of objective functional improvement despite ongoing opioid use. The request for Norco 5/325mg, quantity: 60 is not medically necessary and appropriate.

Norco 5/325mg, quantity: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-81. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), 5th Edition 2007 or current year, Pain (Chronic), Weaning, Opioids (specific guidelines).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The long term use of opioids is not supported by the MTUS guidelines. The long term use of opioids leads to dependence, tolerance and testosterone imbalance in men. The MTUS guidelines state that in order to support continued opioid use, there should be evidence of improvement in pain and function. The medical records do not establish evidence of objective functional improvement despite ongoing opioid use. The request for Norco 5/325mg, quantity: 120 is not medically necessary and appropriate.