

<b>Case Number:</b>	CM15-0126914		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	02/27/2007
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: 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 61-year-old male who sustained a work related injury February 27, 2007. Past history included hypertension, diabetes mellitus, GERD (gastroesophageal reflux disease), asthma, migraines, MRSA (Methicillin resistant staphylococcus aureus), and back surgery L5-S1 2005. A qualified medical re-examination, dated January 7, 2015, noted on October 2, 2014, the injured worker fell at home with pain/injury to his low back, mid back, left elbow, right ribs, and shoulder area. According to a treating pain management physician's progress report, dated June 18, 2015, the injured worker has a history of chronic low back pain and leg pain in the setting of failed low back syndrome and lumbar degenerative disc disease with radiculopathy. He presented for a routine office visit and medication refills. He has recently lost 60 pounds and reports his energy and pain is improving, although he continues to have a pinching in his upper back. He has been able to stop his anti-depressant, anti-hypertensive and cholesterol medications. His pain score without medication is 6/10 and with medication 3/10. He has some nausea but finds the omeprazole and Zofran helpful and Miralax is helpful with constipation. Physical examination revealed the injured worker ambulates with a cane. He has pain radiating from the left posterior thigh to the knee and numbness in the bilateral feet. There is tightness and tenderness to touch and with movement along the cervical spine. Flexion and extension is 10% restricted and rotation is 20% restricted. There is tenderness and tightness along the thoracic spine with rotation. The lumbar spine revealed tenderness, negative straight leg raise, lateral bending 30% restricted, flexion 40% restricted and extension 60% restricted. There is left leg hypoaesthesia and dysesthesia and dysesthesia to bilateral shoulders, right worse

than left. Diagnoses are degeneration of lumbar or lumbosacral intervertebral disc; displacement of lumbar intervertebral disc without myelopathy; myofascial pain; lumbar radiculopathy; chronic low back pain; lumbar post-laminectomy syndrome. Treatment plan included continued use of heat, ice, rest, and gentle exercising. At issue, is the request for MS Contin and chiropractic treatment.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MS Contin 15 MG #60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**Decision rationale:** MTUS Guidelines support the careful use of opioids if there is meaningful pain relief, functional improvement/support and a lack of drug related aberrant behaviors. This individual meets these Guideline criteria. Pain relief is reported near 50%, improvement in ADL's and a daily exercise regimen is described. No aberrant drug related behaviors are noted on a long-term basis. Under the circumstances, the MS Contin 15mg #60 is supported by Guidelines and is medically necessary.

#### **Chiro x 10: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual and Manipulative Therapy Page(s): 58.

**Decision rationale:** MTUS Guidelines recommends a trial of up to 6 sessions of chiropractic manipulation to establish benefits. This individual has had at least 10 sessions of chiropractic and no lasting benefits are noted from the therapy. If there are significant functional benefits (ie able to maintain work) occasional sessions on a long-term basis are Guideline supported, however this circumstance does not apply here. The request for Chiro X10 is not supported by Guidelines and is not medically necessary.