

Case Number:	CM15-0063938		
Date Assigned:	04/09/2015	Date of Injury:	10/13/2013
Decision Date:	06/03/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/03/2015

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: Orthopedic Surgery, Sports 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 51-year-old female, who sustained an industrial injury on October 13, 2013. The injured worker was diagnosed as having right hip bursitis, lumbar spine sprain/strain, discogenic back pain and lumbar spine disc bulges/protrusions. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, steroid injections, medications and work restrictions. The injured worker presented on 12/03/2014 for a follow-up evaluation for complaints of persistent lower back pain, with radiating symptoms into the right lower extremity. The injured worker was utilizing Norco 10/325 mg and Neurontin. Upon examination Valsalva was positive on the right, straight leg raise was positive bilaterally at 30 degrees, deep tendon reflexes were normal, there was no loss of sensation, there was moderate paraspinal tenderness with spasm, 45 degree flexion, 20 degree extension and 15 degree lateral bending. Treatment recommendations at that time included a urine drug screen, chiropractic therapy, a referral to a spinal orthopedic surgeon and continuation of Norco 10/325 mg and Neurontin 600 mg. A Request for Authorization form was submitted on 12/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine Surgery Consultation and Treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state, a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, it is noted that the injured worker has chronic low back pain with an exhaustion of conservative management. However, the injured worker was issued authorization for a spine surgery consultation in 03/2015. The medical necessity for an additional consultation has not been established. As such, the request is not medically necessary.

Chiropractic Therapy (9-sessions for the lumbar spine): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

Decision rationale: California MTUS Guidelines recommend manual therapy and manipulation is recommended for chronic pain if caused by a musculoskeletal condition. Treatment for the low back is recommended as a therapeutic trial of 6 visits over 2 weeks. The request exceeds guideline recommendations and would not be supported. As such, the request is not medically necessary.

Lumbar Spine Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, there was no documentation of spinal instability upon examination. The medical necessity a lumbar support brace has not been established in this case. Therefore, the request is not medically appropriate.

Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until a patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. In this case, the injured worker has utilized the above medication since at least 10/2014. There is no documentation of objective functional improvement. There is also no frequency or quantity listed in the request. Given the above, the request is not medically necessary.