

Case Number:	CM15-0071606		
Date Assigned:	04/21/2015	Date of Injury:	01/24/2015
Decision Date:	05/20/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/14/2015

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: Arizona, 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 33 year old male who sustained an industrial injury on 01/24/2015. Current diagnoses include contusion of hip, contusion of lumbar spine, and abdominal pain. Previous treatments included medication management, Toradol injection, back brace, chiropractic therapy, and acupuncture. Previous diagnostic studies include x-rays. Initial complaints included left hip, lower back, and abdomen. Report dated 01/26/2015 noted that the injured worker presented with complaints of low back pain. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included start physical therapy and refilled medications. Disputed treatments include Baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg quantity 60 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain-Ibuprofen, Baclofen.

MAXIMUS guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Baclofen Page(s): 64.

Decision rationale: According to the guidelines, Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. In this case, the claimant had been on Baclofen for several months. The claimant did not have the above diagnoses. Future response to medication cannot be predicted. Continued use is not justified and not medically necessary.

Additional Chiropractic for Cervical and Lumbar Spine, twice a week for four weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy Page(s): 58.

Decision rationale: According to the MTUS guidelines, Chiropractic therapy is considered manual therapy. It is recommended for chronic musculoskeletal pain. For Low back pain, therapeutic care is for 6 visits over 2 weeks with functional improvement up to a maximum of 18 visits over 8 weeks. The therapeutic benefit of the modalities was not specified. In this case, the claimant underwent an unknown amount of therapy in the past. Clinical notes and response to manipulation is unknown. As a result, additional chiropractor therapy is not necessary.