

Case Number:	CM13-0046300		
Date Assigned:	12/27/2013	Date of Injury:	10/04/2013
Decision Date:	07/29/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/12/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 24-year-old male, with a 10/4/13 date of injury, due to cumulative trauma to multiple body parts. The patient has pain in the low back (7/10), which radiates to the bilateral lower extremities down to his knees, with numbness and tingling down to the feet. Clinically, there was tenderness in the low back, spasms, reduced range of motion; positive straight leg raise (SLR); and sensory deficits in the left lower extremities at L3-5. The prior treatments have included work restrictions and medications. The medical records from 10/23/13; 11/20/13; and 12/16/13 were reviewed. An MRI from 12/2/13 was reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Chiropractic sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS 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.

Decision rationale: The medical necessity for the requested eight (8) sessions of chiropractic treatment has not been established. The Chronic Pain Guidelines indicate that an initial trial of

six (6) chiropractic/manipulation treatments are recommended for patients with back pain, without radiculopathy. The requested number of sessions exceeds the guideline recommendations. Furthermore, the most recent note described sensory deficits in the lower extremities and radiculopathy has not been ruled out. There had been a prior determination modifying the request for eight (8) chiropractic treatments to an initial trial of six (6). There is no documentation of whether these sessions have been completed, nor any functional gains. The request is not medically necessary.

One (1) MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers' Compensation, 9th Edition (web), Indications for imaging, Magnetic resonance imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter (MRI).

Decision rationale: The medical necessity for the lumbar spine MRI has not been established. The patient underwent an MRI on 12/2/13. The MTUS/ACOEM Guidelines support imaging of the lumbar spine in patients with red flag diagnoses, where plain film radiographs are negative. The criteria include: unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. The Official Disability Guidelines indicate that an MRI is recommended in lumbar spine trauma, uncomplicated low back pain, with radiculopathy, after at least one (1) month of conservative therapy. The request was made shortly after the documented date of injury; however there is no note of failed conservative treatment. There is no documentation of any progressive neurologic decline that would warrant another imaging study. The request is not medically necessary.

Naproxen Sodium 550mg (unspecified quantity) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, NSAIDs.

Decision rationale: The Chronic Pain Guidelines indicate that non-steroidal anti-inflammatory drugs (NSAIDs) are effective. The Official Disability Guidelines state that NSAIDs may be useful to treat breakthrough pain. The patient has an injury to multiple body parts, but most complaints are for the low back. It is medically reasonable to utilize NSAIDs for short-term use in order to treat breakthrough pain and reduce necessity for opioid medication use. However, the prior adverse determination for naproxen was reviewed specifically stating that there was no supportive documentation, frequency, or amounts of the above listed medications. In the context

of this request, there is still no duration, frequency, or number of tablets requested, only stating "unspecified quantity". While there may be use for anti-inflammatories for short periods of time after industrial injuries, there is insufficient documentation as noted above to recommend certification.

Omeprazole 20mg (unspecified quantity) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The medical necessity for this request has not been established. The Chronic Pain Guidelines support proton pump inhibitors (PPIs) in the treatment of patients with gastrointestinal (GI) disorders, such as gastric/duodenal ulcers, gastroesophageal reflux disease (GERD), erosive esophagitis, or patients utilizing chronic non-steroidal anti-inflammatory drug (NSAID) therapy. However, in the provided medical records, there was no discussion of any gastric complaints. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. The request is not medically necessary.

Flexeril (unspecified dosage/quantity) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle relaxants Page(s): 41 and 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: The medical necessity for the requested muscle relaxant has not been established. The Chronic Pain Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain; however, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. However, there is no discussion of failure of first line treatment options. The request is not medically necessary.