

Case Number:	CM13-0061421		
Date Assigned:	12/30/2013	Date of Injury:	07/12/2005
Decision Date:	05/13/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/05/2013

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 Emergency Medicine 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:

Patient with a date of injury of 7/12/2005. Mechanism of injury reported as occurring while lifting a heavy object at work. Patient has diagnosis of multi-level disc bulge, lumbar spine; disc protrusion L5/S1, facet arthropathy, sacroiliac arthropathy, and lumbar spine strain/sprain. Medical reports reviewed. Last report available was 10/13/13. Patient complains of low back pain at 8/10. Pain is constant, achy and radiates to both legs. Some reported tingling into ankles left worst than right. There are no new changes in patient's baseline pain from review of prior multiple reports. There were prior complaints of abdominal pains that have resolved. Objective exam reveals antalgic gait, mildly positive Stroop test. Mild paraspinal tenderness to percussion. Positive heel-toe walk. Range of motion is decreased. MRI from 3/14/11 shows L4-L5 small disc protrusion 3x 8 xs8mm, moderate facet arthropathy; otherwise benign. Pt is currently on naproxen and ranitidine. Patient appears to have received physical therapy (unknown number of sessions). Utilization review is for twelve (12) chiropractic manipulations and naproxen 550mg #60 with 2 refills. Prior Utilization review on 11/7/13 recommended modification to 6 chiropractic sessions and naproxen 550mg #60 with no refills

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) CHIROPRACTIC MANIPULATIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-59.

Decision rationale: As per MTUS Chronic Pain Medical Treatment Guidelines, manual therapy is only recommended for chronic low back pain due to musculo-skeletal pain. MTUS Guideline recommends a trial of 6 sessions before any additional sessions are recommended. The requested 12 chiropractic sessions is not medically necessary

NAPROXEN 550MG #60 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS, & CARDIOVASCULAR RISK..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 67-68.

Decision rationale: As per MTUS Chronic Pain Medical Treatment Guidelines, for all sources of pain, recommendation is for shortest course possible for pain control. For chronic low back pain, NSAIDs are recommended for short term symptomatic relief only. For neuropathic pain, it is recommended only for breakthrough pain. There is a higher risk of side effects compared to acetaminophen. Since patient's pain is chronic due to disc bulge with no reported exacerbation (pain appears chronic and unchanged), the number of tablets prescribed with 2 refills are not consistent with short term symptomatic treatment and is not medically recommended.