

Case Number:	CM13-0061692		
Date Assigned:	05/07/2014	Date of Injury:	09/20/2012
Decision Date:	10/07/2014	UR Denial Date:	11/22/2013
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 Family Medicine and is licensed to practice in Arizona. 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 59 year old female with a date of injury on 9/20/2012. Diagnoses include right elbow strain, and lumbar spine sprain/strain with lumbar herniated disc and facet syndrome with radiculopathy. Subjective complaints are of low back pain which is rated at 5/10, and ongoing anxiety and depression. Physical exam shows decreased lumbar range of motion. Records indicate that the patient has gained 50 pounds since injury. Medications include Ultram, Prilosec, and non-steroidal anti-inflammatory drugs (NSAIDs). MRI from 2/11/2012 showed degenerative disease at L4-S1 and an annular tear at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve chiropractic sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MANUAL THERAPY.

Decision rationale: CA MTUS recommends manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. Manual medicine is intended to achieve positive symptomatic or objective gains in function and progression of a therapeutic exercise program.

Treatment beyond 4-6 visits should be documented with objective improvement in function. Extended treatment may be necessary only for re-injury, interrupted continuity of care, or acute exacerbation of symptoms. For this patient, there is no evidence of an acute exacerbation of a chronic injury. Furthermore, the request for 12 sessions exceeds the guideline recommended 4-6 initial sessions. Therefore, the medical necessity for chiropractic care is not established. The request is not medically necessary.

Weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Washington state Department of Labor and Industries, Medical Aid Rules & Fee Schedules Guidelines, Obesity Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: SYSTEMIC REVIEW: AN EVALUATION OF MAJOR COMMERCIALWEIGHT LOSS PROGRAMS. Annals of Internal Medicine, January 4 2005

Decision rationale: CA MTUS and the ODG do not offer recommendations for weight loss programs. Alternate evidenced based guidelines were used to compare the submitted data with guideline criteria. Documentation shows patient has gained 50 pounds since injury. Medical records do not identify prior home weight loss interventions that had not been successful. Referenced guidelines indicate that the only evidence supporting a weight loss program was for [REDACTED]. While the need for weight loss is identified, submitted records do not indicate prior diet modification, specific weight loss exercise program, or calorie restriction. Therefore, the medical necessity of a weight loss program is not established. The request is not medically necessary.

Lumbar epidural steroid injection with epidurgoram, L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines ESI Page(s): 46.

Decision rationale: CA MTUS notes that the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Criteria for epidural steroid injections must show documented radiculopathy on physical exam and corroborated by imaging studies and/or electrodiagnostic testing. For this patient, there is not objective evidence of radiculopathy on exam. Therefore, the medical necessity of an epidural steroid injection is not established at this time and is not medically necessary.

Psychosocial evaluation and treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL EVALUATIONS Page(s): 100-102.

Decision rationale: CA MTUS does support pain psychology counseling for patients for chronic pain. This request as written is for psychosocial evaluation and treatment. While the records show complaints of depression and anxiety, there is no evidence of abnormal mental status, psychopathology, social problems, or documented psychiatric diagnoses. Therefore, the medical necessity for psychosocial evaluation and treatment is not established. The request is not medically necessary.

Ultram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, TRAMADOL Page(s): 74-96, 113.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, no documentation is present of MTUS opioid compliance guidelines, including risk assessment, attempts at weaning, and ongoing efficacy of medication. Furthermore, MTUS guidelines indicate that Tramadol is not recommended as a first-line oral analgesic. Submitted documentation does not identify failure of first line medications. Therefore, the medical necessity for Tramadol is not established at this time. The request is not medically necessary.

Prilosec: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/GI RISK Page(s): 68-69.

Decision rationale: According to CA MTUS guidelines, a proton pump inhibitor can be added to NSAID therapy if the patient is at an intermediate to high risk for adverse GI events. Guidelines identify the following as risk factors for GI events: age >65, history of peptic ulcer, GI bleeding or perforation, use of ASA, corticosteroids, anticoagulant use, or high dose NSAIDS. The ODG suggests that PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDS. This patient is on chronic NSAID

therapy, and is using omeprazole for GI prophylaxis. Therefore, the use of omeprazole is consistent with guideline recommendations and is medically necessary.