

Case Number:	CM14-0005260		
Date Assigned:	01/24/2014	Date of Injury:	11/20/2009
Decision Date:	06/24/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/14/2014

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 Occupational 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:

The patient is a 54-year-old male who has submitted a claim for cervical and lumbar radiculopathy associated with an industrial injury date of November 20, 2009. Medical records from 2013 to 2014 were reviewed. The patient complained of constant neck pain with radiation to both shoulders, arms, and hands; and intermittent upper back pain. Physical examination showed tenderness and spasm of the cervical paravertebral muscles and positive Spurling's test on the left. Treatment to date has included NSAIDs, home exercise programs, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF OMEPRAZOLE DR 20MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK, 68

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2 Page(s): 68.

Decision rationale: Page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines states that proton pump inhibitors are supported for use in the treatment of patients with GI

disorders such as: gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor used in treating reflux esophagitis and peptic ulcer disease. In this case, none of the conditions mentioned above were reported in the patient. There is no support for the use of this medication in this case. Therefore, the request for Omeprazole DR 20MG, #30 is not medically necessary.

CHIROPRACTIC CARE FOR THE NECK AND BACK, THREE TIMES PER WEEK FOR FOUR WEEKS, FOR A TOTAL OF 12 VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY & MANNIPULATION, 58

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: Page 173 of the CA MTUS ACOEM Guidelines states that using cervical manipulation may be an option for patients with neck pain or cervicogenic headache, but there is insufficient evidence to support manipulation of patients with cervical radiculopathy. In this case, the patient was diagnosed with cervical and lumbar radiculopathy. Recent progress notes reported worsening of the patient's symptoms, however no specific subjective and objective findings were given. There is insufficient information written in the medical records submitted to necessitate the use of this treatment modality. Therefore, the request for chiropractic care for the neck and back, three times per week for four weeks, for a total of 12 visits is not medically necessary.