

<b>Case Number:</b>	CM14-0103138		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/22/2012
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 43 year old female who was injured on 08/22/2012. The mechanism of injury is unknown. Prior treatment history has included home exercise program, ice therapy, chiropractic sessions which were found to be helpful. Progress report dated 06/18/2014 documented the patient to have complaints of low back pain that is constant and worsening. She reported it radiates to the bilateral lower extremities, right greater than left with numbness and tingling to the feet. She was noted as taking Naproxen 550 mg, Ranitidine 150 mg which she stated gives her minimal heartburn and acid reflux, and Methoderm gel. She did not provide a VAS for her medications. On exam, she has pain of the lumbar spine with movement, hyperextension, and left lateral bending. She is diagnosed with lumbar spine sprain/strain, hip or thigh strain and piriformis syndrome. She was recommended to continue Naproxen 550 mg, continue her chiropractic sessions as she reported they provide her with pain relief and a lumbar brace fitting as her lumbar brace support does not fit. Prior utilization review dated 06/25/2014 states the request for Omeprazole 20mg is denied as the patient stated Zantac was more beneficial for her; Chiropractic sessions, unspecified quantity/frequency/duration is denied as medical necessity has not been established; and Fitting for lumbosacral brace (small) is certified for a lumbar brace; however, the fitting of the lumbar spine is non-certified as it is a part of the dispensing of the brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg:** 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, GI symptoms and cardiovascular risk Page(s): 68-9.

**Decision rationale:** According to California Medical Treatment Utilization Schedule (MTUS) guidelines, proton pump inhibitors such as omeprazole may be indicated for patients taking non-steroidal anti-inflammatory drugs (NSAIDs) at moderate to high risk of gastrointestinal events. In this case a request is made for ranitidine for 43 year-old-female prescribed long-term naproxen with history of reflux and heartburn. However, according to medical records, the patient is concurrently taking ranitidine, which was approved and reportedly works better than omeprazole. Medical necessity is not established for omeprazole.

**Chiropractic sessions, unspecified quantity/frequency/duration:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

**Decision rationale:** According to California Medical Treatment Utilization Schedule (MTUS) guidelines, manual therapy is recommended as an option for the low back. For therapeutic care, a "trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to re-evaluate treatment success, if return to work (RTW) achieved then 1-2 visits every 4-6 months. "In this case a request is made for chiropractic sessions "for pain control," apparently for the cervical and lumbar spine, for a 43-year-old female with chronic pain. However, the number of requested visits is not specified. The patient participates in long-term chiropractic care. However, medical records do not demonstrate clinically significant functional improvement, including reduction in dependency on medical care, from chiropractic treatment. Further, chiropractic treatment is not recommended for elective or maintenance care. Medical necessity is not established.

**Fitting for lumbosacral brace (small):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Low Back Procedure Summary last updated 05/12/2014

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Lumbar support

**Decision rationale:** According to California Medical Treatment Utilization Schedule (MTUS) guidelines, lumbar supports do not have proven benefit beyond the acute injury phase. According to Official Disability Guidelines (ODG) guidelines, lumbar supports are not recommended for prevention. In this case a request is made for fitting for a small lumbosacral brace in order "to support low back while lifting" for a 43-year-old female with chronic low back pain. However, lumbar supports are not recommended for chronic low back pain or prevention. Medical necessity is not established for fitting for lumbosacral brace.