

Case Number:	CM14-0172447		
Date Assigned:	10/23/2014	Date of Injury:	01/24/2014
Decision Date:	12/03/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/17/2014

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:

Injured worker is a male with date of injury 1/24/2014. Per primary treating physician's progress report dated 10/1/2014, the injured worker continues to complain of constant moderate low back pain rated 6/10 associated with numbness and tingling to the bilateral lower extremities and described to be intermittent at rest. Pain worsens by sitting, standing, walking, and with activities of daily living. Pain is relieved with medication, topical and therapy to 2/10. He refuses to take hydrocodone due to decrease in pain and request topical cream medications. Examination of the lumbar spine reveals +1, tenderness and +1 spasm over the bilateral paraspinals and gluteal muscles. Range of motion is increased on flexion, extension and right and left rotation, and is decreased on right and left bending. Diagnoses include 1) lumbar spine 2) insomnia 3) hypertension 4) psychic, anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) chiropractic manipulation sessions for the lumbar spine: 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): 58-61.

Decision rationale: Per the MTUS Guidelines, chiropractic care consisting of manual therapy and manipulation for the low back is recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. A therapeutic trial of 6 visits over 2 weeks is recommended. If there is evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks are recommended. Elective or maintenance care is not recommended. Recurrences or flare ups should be evaluated for treatment success, and if return to work is achieved, 1-2 visits every 4-6 months are reasonable. Eight sessions of chiropractic manipulation for the lumbar spine is in excess of the six visit trial over two weeks recommended by the MTUS Guidelines. The request for Eight (8) chiropractic manipulation sessions for the lumbar spine is determined to not be medically necessary.

One (1) pain management consultation for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, page 56

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78-79, 90.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The clinical reports indicate that the injured worker is still experiencing moderate low back pain rated at 6/10. He reports that his pain is reduced, and that he does not want to use hydrocodone anymore. He is interested in only topical analgesics. The injured worker appears to be improving with reduced pain and reduced use of potentially habit forming analgesics. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for One (1) pain management consultation for the lumbar spine is determined to not be medically necessary.

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, and GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: Proton pump inhibitors, such as Omeprazole are recommended when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Omeprazole when using NSAIDs. The request for Omeprazole 20mg #30 is determined to not be medically necessary.