

<b>Case Number:</b>	CM14-0179967		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	08/14/2007
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Preventative (Occupational) Medicine and is licensed to practice in Massachusetts, New Hampshire and New York. 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 injured worker is a 42-year-old male who reported an injury on 08/14/2007. The injury reportedly occurred while he was getting out of a forklift, when he then experienced a sudden onset of pain in his lower back, with radiation on down to his lower extremities. He is diagnosed with multilevel lumbar radiculopathy and back ache. His past treatments include medications, TENS unit, several epidural steroid injections, yoga classes, chiropractic treatment, and physical therapy. His diagnostic studies include a MRI of the lumbar spine, performed on 04/09/2010. On 08/21/2014, the injured worker reported low back pain which radiated down to his bilateral lower extremities, rated 8/10. On physical examination of his lumbar spine, range of motion was noted to be at 60 degrees of flexion, extension to 15 degrees, right lateral bending to 15 degrees, and left lateral bending to 20 degrees. His current medications were not provided. The treatment plan included to order repeat MRIs of the lumbar spine, Celebrex, Norco, yoga, chiropractic physiotherapy, and a request for 30 minutes of record review for the initial visit. The rationale for the requested medications was to help alleviate pain. Additionally, the treating physician requested yoga to help avoid medications and improve the quality of life for the injured worker. The request for chiropractic physiotherapy was because it significantly helped reduce the injured worker's symptomatology in the past. A Request for Authorization was submitted on 09/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic eval and treat x 6 sessions, lumbar:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

**Decision rationale:** The request for Chiropractic evaluation and treat x 6 sessions, lumbar is not medically necessary. The California MTUS Guidelines state that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions for the low back, therapy is recommended initially in therapeutic trail of 6 sessions, and with objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be appropriate. If the chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. The clinical documentation does not provide evidence of objective functional improvements and does not clearly indicate how many chiropractic treatments the injured worker has completed. Given the above information, the request is not medically necessary.

**6 yoga classes:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Yoga Page(s): 126.

**Decision rationale:** The request for 6 yoga classes is not medically necessary. The California MTUS recommend yoga in the treatment of chronic pain for highly motivated patients. The injured worker does report low back pain; however, the clinical documentation lacks evidence that the patient is highly motivated for yoga treatments. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.

**Celebrex 200mg 1 cap po qd as needed for pain #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The request for Celebrex 200mg 1 cap po qd as needed for pain #30 is not medically necessary. The California MTUS Guidelines indicate that Celebrex is an NSAID and is the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. Additionally, the guidelines state Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. There is lack of clinical documentation that the injured worker was at risk for, or had a

history of a gastrointestinal event. There is also a lack of documentation of gastrointestinal upset. As such, the request is not medically necessary.

**Norco 10/325mg 1/2 to 1 tab qd as needed for pain #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

**Decision rationale:** The request for Norco 10/325mg 1/2 to 1 tab qd as needed for pain #30 is not medically necessary. The California MTUS Guidelines states that ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guideline specify that an adequate pain assessment should include current pain level; the last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for the pain relief; and how long the pain relief lasts. The documentation submitted for review does not indicate that the use of Norco provides pain relief for him, nor does it indicate that it helps increase his ability to perform activities of daily living. Therefore, the adequate pain relief and improved function have not been established. There is also lack of evidence for consistent urine drug screens verifying appropriate medication use. Based on the documentation provided, use of the Norco would not be supported by the guidelines. As such, the request is not medically necessary.