

<b>Case Number:</b>	CM15-0132496		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	09/01/2011
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 27 year old female who sustained an industrial injury on 9/1/11. She had complaints of low back pain going down both legs. Progress note dated 5/18/15 reports some problems with cramping. Chiropractic treatments have been helping and she is right on track. Diagnoses include: obesity, diabetes mellitus, degenerative intervertebral disc and intervertebral disc disorder with myelopathy lumbar region. Plan of care includes: request 6 session of chiropractic on time per month, continue Metformin and continue Naproxen 500 mg controlled release 2 twice per day #60. Work status: permanent and stationary and is currently working. Follow up in 6 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy, once a month, lumbar spine, per 05/18/15 order Qty: 6.00: 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 Page(s): 58-59.

**Decision rationale:** The patient presents with pain in the lumbar spine that radiates to bilateral lower extremities. The request is for Chiropractic Therapy, once a month, lumbar spine, per 05/18/15 order Qty: 6.00. Physical examination to the lumbar spine on 10/22/14 revealed tenderness to palpation along the lumbar paraspinals from L2-S1. Straight leg raising test was positive bilaterally at 60 degrees with back pain but no leg pain. Per 11/24/14 progress report, patient's diagnosis include obesity, unspecified, diabetes mellitus without mention of complications, type II or unspecified type, not stated as uncontrolled, degeneration of unspecified intervertebral disc, and intervertebral disc disorder with myelopathy, lumbar region. Patient's medications, per 05/18/15 progress report include Metformin and Naproxen. Patient is permanent and stationary. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. Treater has not discussed this request. Review of the medical records does not indicate prior chiropractic treatment. The patient suffers from pain in the low back radiating to bilateral lower extremities. Given the patient's condition, a short course of 6 sessions would be reasonable. However, MTUS allows a trial of 6 visits over 2 weeks and the requested 6 visits over 6 months is not in line with guideline recommendations. Therefore, the request is not medically necessary.

**Naproxen 500mg per 05/18/15 order #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

**Decision rationale:** The patient presents with pain in the lumbar spine that radiates to bilateral lower extremities. The request is for Naproxen 500 mg per 05/18/15 order #60. Physical examination to the lumbar spine on 10/22/14 revealed tenderness to palpation along the lumbar paraspinals from L2-S1. Straight leg raising test was positive bilaterally at 60 degrees with back pain but no leg pain. Per 11/24/14 progress report, patient's diagnosis include obesity, unspecified, diabetes mellitus without mention of complications, type II or unspecified type, not stated as uncontrolled, degeneration of unspecified intervertebral disc, and intervertebral disc disorder with myelopathy, lumbar region. Patient's medications, per 05/18/15 progress report include Metformin and Naproxen. Patient is permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater does not discuss this request. Patient has received

prescriptions for Naproxen from 11/25/14 and 05/18/15. In this case, the treater has not documented how this medication has been effective in management of pain and function. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Given the lack of documentation, as required by guidelines, the request is not medically necessary.