

Case Number:	CM15-0162024		
Date Assigned:	08/31/2015	Date of Injury:	05/12/2015
Decision Date:	10/13/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/18/2015

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 59-year-old male who sustained an industrial injury on 05-12-2015 resulting in injury to the cervical and lumbar spines, hips and left foot, as well as stress and anxiety due to cumulative trauma. Treatment provided to date has included medications, and conservative therapies/care. There was no diagnostic testing available for review or results discussed in the medical records. There were no noted comorbidities or other dates of injury noted. On 07-09-2015, physician progress report (PR) noted complaints of bilateral cervical and lumbar spine pain. The cervical pain was noted to radiate to the right upper arm and was associated with numbness. The lumbar spine pain was noted to radiate to the right thigh and associated with numbness. Additional complaints included abdominal and groin pain (right greater than left), and left foot pain. Current medications include Naprosyn. The physical exam revealed tenderness along the left upper trapezius, tenderness along the lumbar paravertebral musculature (right greater than left), and mild tenderness to the left planta fascia. No pain ratings were mentioned in this report. The provider noted diagnoses of right cervical spine radiculitis, right lumbar spine radiculitis, right greater than left hip strain, and left foot strain. Plan of care includes chiropractic evaluation and treatment, continued Naprosyn, and follow-up. The injured worker's work status was noted as modified duty. The request for authorization and IMR (independent medical review) includes 12 sessions of chiropractic treatment (3 times per week for 4 weeks) for the cervical spine, and Naprosyn 550mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 3 times a week for 4 weeks for the cervical spine and lumbar spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Updated 06/25/2015)- Online Version ; ODG Low Back (updated 05/15/2015)- Online Version.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The current request is for Chiropractic treatment 3 times a week for 4 weeks for the cervical spine and lumbar spine. The RFA is dated 07/14/15. Treatment history is not provided. The patient may return to modified duty. MTUS guidelines, Manual therapy and Manipulation section, pages 58-59, 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. According to Doctor's First Report dated 07/09/15, the patient presents with bilateral cervical and lumbar spine pain. Current medications include Naprosyn. The physical examination revealed tenderness along the left upper trapezius and along the lumbar paravertebral musculature, and mild tenderness to the left planta fascia. The treater states that this is a request for initiating chiropractic care. While a trial of 6 visits would be indicated, the current request for 12 initial Chiropractic sessions would exceed what is recommended by MTUS guidelines. Therefore, the request IS NOT medically necessary.

Naprosyn 550mg Qty: 60.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: The current request is for Naprosyn 550mg Qty: 60.00. The RFA is dated 07/14/15. Treatment history is not provided. The patient may return to modified duty. MTUS Chronic Pain Medical Treatment Guidelines 2009 Chapter, Anti-inflammatory medications section, page 22 states: "Anti-inflammatory 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 non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." According to Doctor's First Report dated 07/09/15, the patient presents with bilateral cervical and lumbar spine pain. Current medications include Naprosyn. The physical examination revealed tenderness along the left upper trapezius and along the lumbar

paravertebral musculature, and mild tenderness to the left planta fascia. The treater reports that Naprosyn was helpful. There is no further discussion regarding medications. It is unclear when this medication was initiated. MTUS Chronic Pain Guidelines under MEDICATIONS FOR CHRONIC PAIN, page 60, states, "A record of pain and function with the medication should be recorded" when medications are used for chronic pain. Although the treater has noted that Naprosyn has been helpful, there is no specific discussion regarding change in function or decrease in pain. Given the lack of discussion, as defined by MTUS, regarding medication efficacy; this request IS NOT medically necessary.