

Case Number:	CM15-0167818		
Date Assigned:	09/14/2015	Date of Injury:	08/31/2007
Decision Date:	10/15/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/26/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 59-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 31, 2007. In a Utilization Review report dated August 10, 2015, the claims administrator failed to approve a request for Celebrex. Request for 12 sessions of manipulation and acupuncture were partially approved as six sessions of each service. The claims administrator referenced a July 7, 2015 office visit in its determination. The claims administrator suggested that the applicant had had earlier manipulative therapy, but did not clearly identify whether the applicant had or had not had prior acupuncture. The applicant's attorney subsequently appealed. On July 7, 2015, the applicant reported heightened complaints of low back pain, more severe over the preceding several weeks. The applicant was given a rather proscriptive 10-pound lifting limitation. It was suggested (but not clearly stated) the applicant was working with said limitation in place. Celebrex was endorsed on the grounds that the applicant had developed dyspepsia with other anti-inflammatory medications in the past. 12 sessions of manipulative therapy and 12 sessions of acupuncture were endorsed. On February 3, 2015, it was reported that the applicant had received an epidural steroid injection. The applicant was returned to regular duty work at that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 20mg #30 to be taken daily: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Yes, the request for Celebrex, a COX-2 inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, COX-2 inhibitors such as Celebrex are recommended in applicants who are at heightened risk for developing GI complications. Here, the attending provider reported on July 7, 2015, the applicant had in fact developed issues with dyspepsia and/or gastrointestinal upset with nonselective NSAIDs. Introduction of Celebrex, thus, was indicated on or around the date in question, July 7, 2015. Therefore, the first-time request for Celebrex was medically necessary.

Chiro-physiotherapy; twelve (12) visits (2x6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Conversely, the request for 12 sessions of chiropractic manipulative therapy was not medically necessary, medically appropriate, or indicated here. While page 58 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend usage of manipulative therapy in the treatment of chronic pain caused by musculoskeletal conditions, as was seemingly present here, page 58 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its position by noting that the time deemed necessary to produce effect following introduction of manipulative treatment is four to six treatments. Here, thus, the request for 12 sessions of manipulative therapy, in effect, represented treatment at a rate two to three times MTUS parameters. A clear or compelling rationale for such a lengthy course of therapy was not furnished. Therefore, the request was not medically necessary.

Acupuncture; twelve (12) visits (2x6): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Finally, the request for 12 sessions of acupuncture was likewise not medically necessary, medically appropriate, or indicated here. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24. 1a acknowledge that acupuncture can be employed for

a wide variety of purposes, including the chronic pain context present here, this recommendation is, however, qualified by commentary made in MTUS 9792.24.1. c1 to the effect that the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six treatments. Here, thus, the request for an initial course of 12 sessions of acupuncture, thus, in effect, represented treatment well in excess of MTUS parameters. Therefore, the request was not medically necessary.