

Case Number:	CM15-0167871		
Date Assigned:	09/08/2015	Date of Injury:	11/25/2008
Decision Date:	10/07/2015	UR Denial Date:	08/20/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64 year old male, who sustained an industrial injury on 11/25/08. The injured worker has complaints of back pain radiating into the right lateral thigh and occasional right shoulder pain. The documentation noted there is decreased sensation over the left sacroiliac dermatome distribution. The diagnoses have included L4-5 moderate moderately severe lateral recess stenosis; L3-sacroiliac facet arthropathy; C5-6 and C6-7 disc degeneration and facet arthropathy and lumbar spondylosis. Treatment to date has included lumbar epidural steroid injections; meloxicam; celebrex; medrol dosepack; neurontin; magnetic resonance imaging of the lumbar spine showed mild to moderate degenerative disc disease, mostly severely affecting L4-5 with severe lateral recess narrowing bilaterally and magnetic resonance imaging of the cervical spine showed mild central canal stenosis from C4 to C7 secondary to a combination of congenitally short pedicles and degenerative facet changes. The request was for chiropractic therapy 2 time 3 # 6; medrol dose pack taper #1 and celebrex 200mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy 2x3 # 6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

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

Decision rationale: The claimant has a remote history of a work injury occurring in November 2008 and is being treated for chronic low back pain radiating into the right thigh and occasional right shoulder pain. When seen, he was having ongoing radiating pain rated at 6-7/10 with medications. Physical examination findings included decreased left lower extremity sensation. Straight leg raising was positive on the right side. A trial of six chiropractic treatments was requested. Celebrex, Neurontin, and Medrol were prescribed. The claimant has a history of gastroesophageal reflux disease. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over two weeks with further treatment considered if there is objective evidence of functional improvement. In this case, the number of initial treatments being requested is consistent with the guideline recommendation. The claimant has ongoing spine pain and has not had recent treatments. The request is medically necessary.

Medrol Dose Pack Taper #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Corticosteroids (oral/parenteral/IM for low back pain).

Decision rationale: The claimant has a remote history of a work injury occurring in November 2008 and is being treated for chronic low back pain radiating into the right thigh and occasional right shoulder pain. When seen, he was having ongoing radiating pain rated at 6-7/10 with medications. Physical examination findings included decreased left lower extremity sensation. Straight leg raising was positive on the right side. A trial of six chiropractic treatments was requested. Celebrex, Neurontin, and Medrol were prescribed. The claimant has a history of gastroesophageal reflux disease. Oral or intramuscular corticosteroids can be recommended in limited circumstances acute radicular pain. Use is not recommended for acute non-radicular pain or chronic pain. In this case there was no new injury and the claimant was being treated for chronic low back pain and radicular pain. Medrol is not medically necessary.

Celebrex 200mg # 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) NSAIDs, gastrointestinal symptoms & cardiovascular risk, 68 (2) NSAIDs, specific drug list & adverse effects, p72 Page(s): 68, 72.

Decision rationale: The claimant has a remote history of a work injury occurring in November 2008 and is being treated for chronic low back pain radiating into the right thigh and occasional right shoulder pain. When seen, he was having ongoing radiating pain rated at 6-7/10 with medications. Physical examination findings included decreased left lower extremity sensation. Straight leg raising was positive on the right side. A trial of six chiropractic treatments was requested. Celebrex, Neurontin, and Medrol were prescribed. The claimant has a history of gastroesophageal reflux disease. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. In this case, there is a history of gastroesophageal reflux disease. Guidelines recommend prescribing a selective COX-2 medication such as Celebrex (celecoxib). Although the usual maximum dose is 200 mg per day, dosing up to 400 mg can be considered. The dose prescribed is consistent with that recommended. The request is medically necessary.