

Case Number:	CM15-0169218		
Date Assigned:	09/10/2015	Date of Injury:	07/17/2015
Decision Date:	10/26/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/27/2015

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: 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 56 year old female injured worker suffered an industrial injury on 7-17-2015. The diagnoses included left epicondylitis, left hip strain, left lumbar strain, left shoulder strain-sprain and DeQuervain's tenosynovitis. On 8-5-2015 the treating provider reported left shoulder pain that is constant rated 8 out of 10 and gets worse with range of motion. The left elbow pain is constant rated as 8 out of 10 that radiated to the left shoulder and left wrist. The left wrist and hand pain was constant rated as 9 out of 10 with the fingers of the left hand had numbness and tingling along with weakness of the grip. The left lumbar pain was rated 8 out of 10 that radiated up the spine and giving way of the left lower extremity with left groin pain. On exam the left shoulder was tender with positive impingement signs. The left elbow was tender. The left wrist and hand had diffuse tenderness. The lower back was tender to the left spine. Prior treatments included Tylenol and Motrin. The diagnostics included left forearm-hand x-rays 7-18-2015. The injured worker had not returned to work. The Utilization Review on 8-10-2015 for the treatments Chiropractic 3 x week for 4 weeks for low back left shoulder, left elbow and left wrist/hand, DME: Transcutaneous electrical nerve stimulation (TENS) unit trial (modified) was modified. The requests for X-rays bilateral hips, Cyclobenzaprine, Omeprazole and back brace were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3 x week for 4 weeks for low back left shoulder, left elbow and left wrist/hand: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work loss data institute (20th annual edition), 2015, Low back, elbow, shoulder, forearm, wrist and hand chapter: Manipulation.

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

Decision rationale: The request is for 12 visits of chiropractic. The Chronic Pain Medical Treatment Guidelines allow for initial 4-6 visits after which time there should be documented functional improvement prior to authorizing more visits. The request for 12 chiropractic visits is more than what is medically necessary to establish whether the treatment is effective. The original reviewer modified the request to six sessions to comply with the MTUS guidelines. Chiropractic 3 x week for 4 weeks for low back left shoulder, left elbow and left wrist/hand is not medically necessary.

X-rays bilateral hips: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work loss Data Institute (20th annual edition), 2015, hip and pelvis chapter.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS states that radiographs of the lumbar spine and pelvis are indicated when red flags are present indicating fracture, cancer, or infection. The medical record contains no documentation of red flags indicating that an x-ray is indicated. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. X-rays bilateral hips are not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work loss data institute (20th annual edition), 2015, pain chapter, and proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to

determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Omeprazole 20mg #60 is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work loss data institute (20th annual edition), 2015, Pain Chronic (chapter).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. The clinical information submitted for review fails to meet the evidence-based guidelines for the requested service. Cyclobenzaprine 7.5mg #60 is not medically necessary.

DME: Back brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work loss data institute (20th annual edition), 2015, low back chapter.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Activity.

Decision rationale: According to the MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Based on the patient's stated date of injury, the acute phase of the injury has passed. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. DME: Back brace is not medically necessary.

DME: Transcutaneous electrical nerve stimulation (TENS) unit trial: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work loss data institute (20th annual edition), 2015, pain and shoulder chapter, TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The MTUS does not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is no documentation that a trial period with a rented TENS unit has been completed. The original reviewer modified the request to allow for a two week trial. DME: Transcutaneous electrical nerve stimulation (TENS) unit trial is not medically necessary.