

Case Number:	CM15-0191821		
Date Assigned:	10/05/2015	Date of Injury:	05/03/2015
Decision Date:	12/07/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/29/2015

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: New York, California

Certification(s)/Specialty: Emergency 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 injured worker is a 36 year old male who sustained an industrial injury on 5-3-2015. A review of medical records indicates the injured worker is being treated for cervical strain and lumbar without herniated nucleus pulposus. Medical records dated 8-31-2015 noted cervical stiffness and increased lower back pain with prolonged sitting. There was limited range of motion. Physical examination noted the cervical spine had a positive Spurling's test with decreased range of motion. There was tenderness to palpation at L4-5, L5-S1 right. Treatment has included Norco and Ibuprofen since 5-3-2015. Utilization review form dated 9-10-2015 modified chiropractic treatment cervical and lumbar region, physical therapy cervical and lumbar region, Ibuprofen 800mg #49, voltaren 75mg #30 and noncertified MRI of the lumbar spine, Massage therapy cervical and lumbar region, and Soma 350mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Examination, Diagnostic Criteria, Special Studies, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter: magnetic imaging study.

Decision rationale: CA MTUS ACOEM guidelines recommend imaging studies for cases "in which surgery is considered or red-flag diagnoses are being evaluated." Documentation does not support significant changes in subjective complaints of objective findings. There is not documentation of new injuries or adjustments to analgesic medication. There is no detailed neurologic exam documented. There is no mention of surgeon evaluation or treatment. Without the support of the documentation or adherence to the guidelines, the request for a lumbar MRI is determined not medically necessary.

Chiropractic Treatment, Cervical and Lumbar region QTY: 12: 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): Physical Medicine.

Decision rationale: CA MTUS chronic pain guidelines for manual therapy and manipulation are used in support of this decision. It is assumed this request is for first time chiropractor evaluation and treatment. Documentation does not support the IW has previously undergone such treatments. According to referenced guidelines, manual therapies are recommended for musculoskeletal conditions. According to the guidelines, a trial of 6 visits over 2 weeks with evidence of functional improvements is recommended. The request for 12 visits exceeds this recommendation. The request for 12 chiropractic treatment is not medically necessary.

Physical Therapy, Cervical and Lumbar Region QTY: 12: 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): Physical Medicine.

Decision rationale: CA MTUS chronic pain guidelines for manual therapy and manipulation are used in support of this decision. It is assumed this request is for first time physical therapy evaluation and treatment. Documentation does not support the IW has previously undergone such treatments. According to referenced guidelines, manual therapies are recommended for musculoskeletal conditions. According to the guidelines, a trial of 6 visits over 2 weeks with evidence of functional improvements is recommended. The request for 12 visits exceeds this recommendation. The request for 12 physical therapy treatment sessions is not medically necessary.

Massage Therapy, Cervical and Lumbar region QTY: 12: 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): Massage therapy.

Decision rationale: The above referenced CA MTUS guidelines states massage therapy is recommended. Further it states, "This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases." Additionally, the request is for 12 massage therapy visits. This request is in excess of the guideline recommendations. As such, the request is determined not medically necessary.

Soma 350mg #30: 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): Carisoprodol (Soma).

Decision rationale: According to CA MTUS, Carisoprodol (Soma) is not recommended. Additionally, it is not recommended for long term use. Medical records support the IW has been taking this medication for a minimum of 3 months. Additionally, the request does not include frequency or dosing. As this medication is not supported by guidelines, the request for Soma is determined not medically necessary.

Ibuprofen 600mg #90: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to CA MTUS chronic pain guidelines, non-steroidal anti-inflammatory agents are recommended as an option for short term symptomatic relief for the treatment of chronic low back pain. Further recommendations are for the lowest dose for a minimal duration of time. Specific recommendations for ibuprofen (Motrin) state sufficient clinical improvement should be observed to offset potential risk of treatment with the increase dose. The documentation does not support improvement of symptoms with NSAIDs currently prescribed. Additionally, the request does include frequency and dosing of this medication. Without support of the documentation or adherence to the guidelines, the request is medically not necessary.

Voltaren 75mg #60: 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): NSAIDs, specific drug list & adverse effects, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit of Diclofenac. Diclofenac has been prescribed for months, at minimum, with no description of the specific results of use. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. Diclofenac, per the Official Disability Guidelines citation and other medical evidence, has one of the highest risk profiles of all the NSAIDs. It should not be the NSAID of first choice, yet this there is no apparent consideration of this fact by the treating physician and no monitoring of the inherent risks. Additionally, the request does not include dosing or frequency. Without the support of documentation, ongoing use of Diclofenac is not medically necessary.