MAXIMUS Federal Services

Case Number:	CM15-0087105		
Date Assigned:	05/11/2015	Date of Injury:	04/23/2014
Decision Date:	06/11/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/06/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 52 year old male, who sustained an industrial injury on 4/23/2014. Diagnoses include cervicothoracic spine sprain, lumbosacral sprain with bilateral sciatica (rule out bilateral L5-S1 radiculopathy), and severe bilateral foraminal stenosis. Treatment to date has included diagnostics including magnetic resonance imaging (MRI) and EMG (electro-myography)/NCV (nerve conduction studies), oral medications, topical medications, acupuncture, inferential unit and physical therapy. Per the most recent submitted Primary Treating Physician's Progress Report dated 12/02/2014, the injured worker reported constant pain across the lumbar spine rated 3 to occasional 8-9/10. The pain radiates to the lateral aspects of the bilateral thighs to the lateral aspects of the bilateral feet. He reports constant numbness and tingling on the same area as the pain. There was occasional weakness of the left lower extremity and occasional peroneal numbness bilaterally. Objective findings are recorded as blood pressure 152/85 and pulse 89. The plan of care included, and authorization was requested for chiropractic treatment (2x3), Prilosec and ibuprofen 800mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2 x 3 wks to cervical spine, thoracic spine, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Chiropractic treatment.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chiropractic treatment two times per week times three weeks to the cervical spine, thoracic spine and lumbar spine is not medically necessary. Manual manipulation and therapy is recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. In this case, the injured worker's working diagnoses are cervical thoracic spine sprain; and lumbosacral sprain with bilateral sciatica. The documentation (medical legal report) dated December 2, 2014 states the lumbar spine is the only accepted area. The request for authorization is dated March 24, 2015. There are two progress notes from the treating/requesting provider. One note is dated October 20, 2014 and the second note was dated December 2, 2014. On December 2, 2014, the injured worker was using Tylenol 500 mg and Naprosyn cream. There are no contemporaneous progress notes in the medical record on or about the date of request for authorization. The February 16, 2015 documentation contains an electrodiagnostic study. There are no progress notes attached. Utilization review states the injured worker had six chiropractic treatments with mild improvement. There is no documentation evidencing objective functional improvement with which to authorize additional chiropractic treatment. Additionally, the thoracic spine and cervical spine were not accepted areas secondary to the industrial injury. Consequently, absent clinical documentation with objective functional improvement of prior chiropractic treatment, chiropractic treatment two times per week times three weeks to the cervical spine, thoracic spine and lumbar spine is not medically necessary.

Ibuprofen 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ibuprofen 800 mg #60 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief.

The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are cervical thoracic spine sprain; and lumbosacral sprain with bilateral sciatica. The documentation (medical legal report) dated December 2, 2014 states the lumbar spine is the only accepted area. The request for authorization is dated March 24, 2015. There are two progress notes from the treating/requesting provider. One note is dated October 20, 2014 and the second note was dated December 2, 2014. On December 2, 2014, the injured worker was using Tylenol 500 mg and Naprosyn cream. There are no contemporaneous progress notes in the medical record on or about the date of request for authorization. The February 16, 2015 documentation contains an electrodiagnostic study. There are no progress notes attached. The utilization review states the injured worker has been taking non-steroidal anti-inflammatory drugs on a chronic basis. There is no contemporaneous documentation indicating what non-steroidal anti- inflammatory is being prescribed and for how long the injured worker has taken the anti- inflammatory drug. Consequently, absent clinical documentation with a current list of medications, the duration of use of non-steroidal anti-inflammatory drugs and the strength of the non-steroidal anti-inflammatory drugs, Ibuprofen 800 mg #60 is not medically necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67and 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20 mg #30 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti- inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G. I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are cervical thoracic spine sprain; and lumbosacral sprain with bilateral sciatica. The documentation (medical legal report) dated December 2, 2014 states the lumbar spine is the only accepted area. The request for authorization is dated March 24, 2015. There are two progress notes from the treating/requesting provider. One note is dated October 20, 2014 and the second note was dated December 2, 2014. On December 2, 2014, the injured worker was using Tylenol 500 mg and Naprosyn cream. There are no contemporaneous progress notes in the medical record on or about the date of request for authorization. The February 16, 2015 documentation contains an electrodiagnostic study. There are no progress notes attached. The utilization review states the injured worker has been taking non-steroidal anti-inflammatory drugs on a chronic basis. There is no contemporaneous documentation indicating what non-steroidal anti-inflammatory is being prescribed and for how long the injured worker has taken the anti-inflammatory drug. There are no risk factors for gastrointestinal events. There were no co-morbid conditions or risk factors such as a history of peptic ulcer, G. I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs in the medical record. Consequently, absent clinical documentation with co-morbid conditions or risk factors for gastrointestinal events, Prilosec 20 mg #30 is not medically necessary.