

Case Number:	CM14-0136328		
Date Assigned:	09/03/2014	Date of Injury:	07/14/2008
Decision Date:	09/29/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/22/2014

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. The expert reviewer is Board Certified in Preventative and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 40-year-old male with a 7/14/08 date of injury, and status post L5-S1 laminectomy/discectomy in June 2010. At the time (7/11/14) of request for authorization for Chiropractic treatment 2 times a week for 4 weeks for the Lumbar Spine, Prilosec 20mg #60, and Voltaren 100mg #60, there is documentation of subjective (constant low back pain) and objective (lumbar spine flexion 70, extension 30, lateral bending 30 bilaterally, and lateral rotation 35 degrees bilaterally) findings, current diagnoses (7 mm disc herniation at L5-S1, status post L5-S1 laminectomy/discectomy, and residual discogenic mechanical low back pain), and treatment to date (activity modifications and oral pain medication). Medical report identifies a plan to start Voltaren and Prilosec. It cannot be determined if this is a request for initial or additional chiropractic therapy. Regarding Chiropractic treatment 2 times a week for 4 weeks for the Lumbar Spine, there is no documentation of objective functional deficits and functional goals. Regarding Prilosec 20mg #60, there is no documentation of risk for gastrointestinal events. Regarding Voltaren 100mg #60, there is no documentation of Diclofenac used as second line therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2 times a week for 4 weeks for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Manual Therapy & manipulation Page(s): 58.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page 298-299 and on the MTUS Chronic Pain Medical Treatment Guidelines, Manual Therapy & manipulation, page 58. The Expert Reviewer's decision rationale: MTUS reference to ACOEM identifies documentation of objective functional deficits and functional goals as criteria necessary to support the medical necessity of chiropractic treatment. In addition, MTUS Chronic Pain Medical Treatment Guidelines supports a "trial of 6 visits, with evidence of objective functional improvement, total of up to 18 visits." Within the medical information available for review, there is documentation of 7 mm disc herniation at L5-S1, status post L5-S1 laminectomy/discectomy, and residual discogenic mechanical low back pain. However, given documentation of objective (lumbar spine flexion 70, extension 30, lateral bending 30 bilaterally, and lateral rotation 35 degrees bilaterally) findings, there is no documentation of objective functional deficits and functional goals. In addition, given documentation of a 7/14/08 date of injury, where there would have been an opportunity to have had previous chiropractic therapy, it is not clear if this is a request for initial or additional (where chiropractic therapy provided to date may have already exceeded guidelines regarding a time-limited plan and there is the necessity of documenting functional improvement) chiropractic therapy. Therefore, based on guidelines and a review of the evidence, the request for Chiropractic treatment 2 times a week for 4 weeks for the Lumbar Spine is not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, page 68-69 and on the Non-MTUS Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs) and Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section. The Expert Reviewer's decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that "risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that "any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a

reduction in the use of medications or medical services." ODG identifies documentation of "risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of omeprazole." Within the medical information available for review, there is documentation of 7 mm disc herniation at L5-S1, status post L5-S1 laminectomy/discectomy, and residual discogenic mechanical low back pain. In addition, there is documentation of a plan to start Prilosec. However, despite documentation of an associated request for Voltaren, there is no documentation of risk for gastrointestinal events (concurrent use of high dose/multiple NSAID). Therefore, based on guidelines and a review of the evidence, the request for Prilosec 20mg #60 is not medically necessary.

Voltaren 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on NON-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac sodium.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs (non-steroidal anti-inflammatory drugs), page 67-68 and on the Non-MTUS Official Disability Guidelines (ODG) Pain, Diclofenac sodium and Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations. The Expert Reviewer's decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that "any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services." ODG identifies that "Diclofenac is not used as first line therapy." Within the medical information available for review, there is documentation of 7 mm disc herniation at L5-S1, status post L5-S1 laminectomy/discectomy, and residual discogenic mechanical low back pain. In addition, there is documentation of a plan to start Voltaren and chronic low back pain. However, there is no documentation of Diclofenac used as second line therapy. Therefore, based on guidelines and a review of the evidence, the request for Voltaren 100mg #60 is not medically necessary.