MAXIMUS Federal Services

Case Number:	CM14-0160566		
Date Assigned:	10/06/2014	Date of Injury:	06/28/2011
Decision Date:	11/03/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	09/30/2014

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 licensed in Chiropractic care 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 available medical records, this is a 42 year old male with chronic low back pain; date of injury is 06/28/2011. Previous treatments include medications, lumbar support, physical therapy, injections, home exercise program. Doctor's initial pain management evaluation report dated 09/09/2014 revealed patient with mild pain at rest, 3-4/10, and severe 9/10 with repetitive movements, standing and sitting for prolonged periods, pain is constant and radiated into the right lower extremity, increased with standing, sitting and walking and improve with relaxation, the pain stops him from going to work, doing yard work, shopping, exercising and participating in recreational activities. Physical examination revealed patient with difficulty arising from a seated position, antalgic gait, heel-to-toe walk with difficulty, he is able to squat 30%, forward flexion is 35 degrees, extension 10 degrees, more pain on flexion than extension, positive SLR in seated position at 75 degrees with pain radiating from the right lower back into the sole of his right foot, positive Lasegue test, tenderness over the right SI joint and right sciatic notch, sensation decreased to the right S1 dermatome to pinprick and light touch. Diagnoses include lumbar radiculopathy, reactive sleep disturbance and chronic pain syndrome. The claimant is currently unemployed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Manipulation times 8 sessions for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 58-59.

Decision rationale: The claimant presents with ongoing low back pain that radiated into the right lower extremity. The medical records noted he has tried and failed conservative treatments that include medications, physical therapy and home exercises. A trial of 6 chiropractic treatment over 2 weeks, with evidence of objective functional improvement totaled up to 18 visits over 6 to 8 weeks, might be recommended as an option per MTUS guideline. However, the request for 8 chiropractic sessions exceeded the guideline recommendation; without evidence of functional improvement, it is not medically necessary.

Acupuncture times 8 sessions- for the Lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with chronic low back pain that failed to response to medications. While acupuncture might be used as an option to reduce pain medications and adjunct to physical rehabilitation, the guideline recommended 3 to 6 treatments to produce functional improvement. Without evidence of functional improvement, the request for 8 acupuncture sessions exceeded the guideline recommendation and therefore, not medically necessary.

Neurontin 300 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 49.

Decision rationale: The claimant presents with low back pain radiating to the right lower extremity, physical examination also revealed evidence of radiculopathy. Based on MTUS guidelines, Neurontin has been considered as first line treatment for neuropathy pain, an initial trial of Neurontin is recommended in this case due to the claimant clinical presentation of neuropathy symptoms. Therefore, the request for Neurontin 300 mg at bedtime is medically necessary.

Ketoprofen 75 mg: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 67-70.

Decision rationale: CA MTUS guidelines may recommend non-steroidal anti-inflammatory drugs (NSAIDs) such as Ketoprofen as an option for short term symptomatic relief of low back pain, they may also be useful to treat breakthrough and mixed pain conditions with neuropathic pain. Given the patient clinical presentation of low back pain and radicular pain and there is no document of previous treatment with Ketoprofen, the request for Ketoprofen 75 mg, 1-2 tablet per day is medically necessary.

Pantaprazole strength: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 68-69.

Decision rationale: Reviewed of the available medical records showed the claimant has no past medical history of gastrointestinal upset and there is no documentation of the claimant being at high risk for gastrointestinal events. The claimant has no history of prescription abuse or substance abuse, and no history of long term NSAIDs usage. Therefore, based on the guidelines cited, the request for Pantoprazole once a day is not medically necessary.