MAXIMUS Federal Services

Case Number:	CM15-0019172		
Date Assigned:	02/09/2015	Date of Injury:	05/13/2013
Decision Date:	03/25/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/03/2015

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 30 year old male, who sustained an industrial injury on 05/13/2013. The diagnoses have included chronic persistent lower back pain and post-traumatic stress disorder. Noted treatments to date have included physical therapy, psychotherapy, chiropractic therapy, Transcutaneous Electrical Nerve Stimulation Unit, and medications. Diagnostics to date have included thoracic MRI on 07/26/2014 and lumbar x-rays on 09/25/2014which were normal according to progress note. In a progress note dated 12/23/2014, the injured worker presented with complaints of low back pain. The treating physician reported the injured worker feels that his range of motion has significantly improved from the 6 sessions of chiropractic treatment that he has had. The physician also noted that the injured worker stopped taking his tramadol, which was providing him some relief of his symptoms, because it was upsetting his stomach, in which the physician prescribed Prilosec to protect his stomach. He also has had a Transcutaneous Electrical Nerve Stimulation Unit or an Interferential Unit in the past with therapy and chiropractic treatment which also significantly helped while in use. Utilization Review determination on 01/21/2015 non-certified the request for Omeprazole 20mg (unknown quantity) and IF (interferential) Unit with Garments and modified the request for Chiropractic (visits) Quantity: 8.00 to Chiropractic (visits) Quantity: 6.00 citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic (Visits) #8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Low back section, Manipulation

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chiropractic sessions #8 are not medically necessary.Manual manipulation and therapy is recommended for chronic pain is caused by musculoskeletal conditions. Manipulation, therapeutic care-trial of 6 visits over two weeks 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 chronic persistent low back pain secondary to automobile pedestrian accident May 13, 2013; and posttraumatic stress disorder status post significant auto pedestrian accident. The injured worker has received a completed course of chiropractic manipulation. There was a peer-to-peer conversation with utilization review physician and the treating physician. The treating physician indicated additional chiropractic treatment was indicated to increase function, decrease pain to the injured worker. The guidelines state elective/maintenance care is not medically necessary. With evidence of objective functional improvement a total of up to 18 visits over 6 to 8 weeks may be indicated. There is no indication the medical record of objective functional improvement with the aforementioned chiropractic sessions. Consequently, absent clinical documentation with objective functional improvement, a trial of six visits over two weeks would be indicated. The treating physician requested eight sessions. As a result, chiropractic sessions #8 are not medically necessary.

Omeprazole 20mg #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI symptoms and Cardiovascular.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg one every morning #30 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal 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 of corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are chronic persistent low back pain

secondary to automobile pedestrian accident May 13, 2013; and posttraumatic stress disorder status post significant auto pedestrian accident. The guidelines state for treatment of dyspepsia secondary to nonsteroidal anti-inflammatory therapy one should stop the nonsteroidal anti-inflammatory drug, switch to a different nonsteroidal anti-inflammatory drug or consider an H2 receptor antagonist or a proton pump inhibitor. The documentation does not indicate the treating physician switched to a different anti-inflammatory or considered an H2 receptor antagonist first, before starting Omeprazole. Additionally, there are no comorbidity conditions or past medical history putting the injured worker at risk for G.I. bleeding, peptic ulcer disease, etc. the inter-worker is not at an intermediate or high risk for gastrointestinal events. Consequently, absent clinical documentation with no risk factors for G.I. bleeding, Omeprazole 20mg is not medically necessary.

IF Unit With Garments # 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Interferential unit

Decision rationale: Pursuant to the Official Disability Guidelines, and Interferential (IF) unit with garment #1 is not medically necessary. IF is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications. The guidelines enumerate the Patient Selection Criteria that should be documented by the medical care provider for IF to be determined medically necessary. These criteria include, but are not limited to, pain ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or unresponsive to conservative measures; or history of substance abuse; etc. If those criteria are met, a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. In this case, the injured worker's working diagnoses are chronic persistent low back pain secondary to automobile pedestrian accident May 13, 2013; and posttraumatic stress disorder status post significant auto pedestrian accident. The documentation indicates the injured worker received TENS treatment and IF treatment during past therapy (according to the UR). The documentation, however, does not contain evidence of objective functional improvement having used this modality in the past. Consequently, absent clinical documentation with evidence of objective functional improvement with IF, Interferential (IF) unit with garment #1 is not medically necessary.