

Case Number:	CM15-0116875		
Date Assigned:	06/25/2015	Date of Injury:	02/04/2015
Decision Date:	08/04/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/17/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 34 year old male, who sustained an industrial injury on 2/4/2015. The mechanism of injury was injury from falling 4 feet from scaffolding, landing on his right side. The current diagnoses are lumbago, thoracic or lumbosacral neuritis or radiculitis, other back symptoms, myalgia and myositis, sprain/strain of the lumbar region, sleep disturbance, pain in joint of lower leg, knee/leg/ankle/foot injury, and skin sensation disturbance. According to the progress report dated 5/11/2015, the injured worker complains of lower back pain. The pain is rated 7/10 on a subjective pain scale. The pain is characterized as aching, burning, and throbbing. It radiates to the left thigh and left knee. He describes the pain as moderate-to-severe and nearly constant. His condition is associated with numbness, tingling, and weakness in the left leg. The physical examination of the lumbar spine reveals antalgic gait, loss of normal lordosis, restricted and painful range of motion, tenderness and spasm to palpation over the paravertebral muscles with tight muscle band noted on both sides, sacroiliac spine tenderness, positive straight leg raising test on the left, and decreased motor/sensation on the left. The medications prescribed are Cyclobenzaprine, Lidopro ointment, Lunesta, Naproxen, Pantoprazole, and Terocin patch. Treatment to date has included medication management, x-ray, heat/ice application, physical therapy, and chiropractic. Despite previous conservative treatment, there has been no significant improvement. Moreover, he reports ongoing symptoms of pain and decrease in function. Per 2/25/2015 chiropractic assessment notes, the injured worker had decreased pain and spasms noted after treatment. On 3/6/2015, the patient was noted to be

improving slower than expected. The injured worker was to remain on modified duty. A request for Pantoprazole, lumbar brace, and 6 additional chiropractic sessions to the lumbar spine has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9, 301, 308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 308.

Decision rationale: Per the CA MTUS ACOEM Medical Treatment Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, corset for treatment is not recommended. In this case, there is no evidence of instability or recent surgery to support the use of a lumbar brace. Therefore, based on CA MTUS guidelines and submitted medical records, the request for lumbar brace is not medically necessary.

Chiropractic therapy (6 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299.

Decision rationale: Per the CA MTUS ACOEM Medical Treatment Guidelines, manipulation is a treatment option during the acute phase of injury, and manipulation should not be continued for more than a month, particularly when there is not a good response to treatment. If manipulation does not bring improvement in three to four weeks, it should be stopped and the patient reevaluated. In this case, there is no documentation of functional benefit or improvement such as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result. Therefore, based on CA MTUS guidelines and submitted medical records, the request for 6 additional chiropractic sessions is not medically necessary.

Pantoprazole tablets 20mg (every day), #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines recommend clinicians to weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.) In this case, there is no documentation of increased risk for gastrointestinal complications to support the use of proton-pump inhibitors. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Pantoprazole is not medically necessary.