

<b>Case Number:</b>	CM15-0120552		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	06/03/2011
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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 62 year old female, who sustained an industrial injury on 6/3/2011. The current diagnoses are herniated nucleus pulposus of the cervical spine, chronic mid back pain, herniated nucleus pulposus of the lumbar spine, L4 compression fracture, and left sacroiliac joint dysfunction. According to the progress report dated 5/20/2015, the injured worker complains of pain in her neck and low back. Since her last visit, she reports her pain has increased. She currently describes an aching pain in her neck with radiation to the bilateral upper extremities to her hands, right worse than left. She also reports painful muscle spasms. She rates her neck pain as 7/10 on a subjective pain scale. Additionally, she reports aching pain across her low back with stabbing pain on the left side. She reports radiation of pain and cramping into her bilateral lower extremities to her feet, left worse than right. She rates her low back pain 8/10. The physical examination reveals tenderness to palpation of the cervical, thoracic, and lumbar paraspinals and left sacroiliac joint. Range of motion of the cervical, thoracic, and lumbar spine is decreased throughout. The current medications are Flexeril, Voltaren, and Ketoprofen cream. Treatment to date has included medication management, back brace, MRI studies, 7 physical therapy sessions (temporary pain relief), 24 chiropractic sessions (significant temporary pain relief), 24 acupuncture sessions (temporary pain relief), and Toradol injection. Although, the records refer to a prior course of chiropractic care, they do not provide specific dates or results. Per notes, she does not want injections or surgery for the cervical spine at this time. Work status: Permanent and stationary. A request for Omeprazole, Diclofenac, and 6 chiropractic sessions for the cervical spine has been submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy, one time a week for six weeks, for the cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Manipulation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Manipulation.

**Decision rationale:** The chronic pain portion of the CA MTUS is silent about manipulation of the neck. The Official Disability Guidelines (ODG) recommends chiropractic care an option. In limited existing trials, cervical manipulation has fared equivocally with other treatments, like mobilization, and may be a viable option for patients with mechanical neck disorders. However, it would not be advisable to use beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. A review of the injured workers medical records reveal documentation of significant temporary relief with the use of chiropractic care in the past, however how much she was functionally improved was not noted and there appeared to be no ongoing plan to retain the benefit obtained, per the guidelines maintenance care is not medically necessary. She has already received 24 sessions and the goals of an additional 6 sessions is not clear without this information it is not possible to determine medical necessity, therefore the request for Chiropractic therapy, one time a week for six weeks, for the cervical spine is not medically necessary.

**Omeprazole 20mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines recommend proton pump inhibitors be used with precautions. The clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors. Factors determining if a patient is at risk for gastrointestinal events include: age greater than 65 years, history of peptic ulcer, GI (gastrointestinal) bleeding, or perforation, concurrent use of aspirin, corticosteroids, and/or anticoagulant or high dose/multiple NSAID use. In this case, there is no documentation that the injured worker is at risk increased risk for gastrointestinal events to support the use of proton-pump inhibitors. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Omeprazole is not medically necessary.

**Diclofenac Sodium 75mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Additionally, NSAIDs can be used as an option for short-term symptomatic relief of chronic low back pain. The guidelines indicate that analgesics should show effects within 1-3 days, and that a record of pain and function with the medication should be recorded. Additionally, all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." In this case, the records indicate ongoing treatment with Diclofenac since at least 1/23/2015. However, there is no documentation of sustained functional benefit or improvement, the injured worker does not appear to be having a satisfactory response to the use of Diclofenac. Therefore, based on MTUS guidelines and submitted medical records, the request for Diclofenac is not medically necessary.