

Case Number:	CM15-0121069		
Date Assigned:	07/08/2015	Date of Injury:	06/03/2014
Decision Date:	09/18/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/23/2015

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: New York

Certification(s)/Specialty: Emergency 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 47-year-old male, who sustained an industrial injury on 06/03/2014. He has reported subsequent neck and back pain, headaches and lower extremity pain and was diagnosed with neck and low back sprain, cervical radiculopathy, post-concussive syndrome, occipital neuralgia and lumbar/lumbosacral disc degeneration. MRI of the brain showed multiple small focal areas of signal alteration seen in the frontal lobe white matter bilaterally and a 2 cm polyp along the medial wall of the right maxillary sinus. MRI of the lumbar spine dated 01/09/2015 showed facet and ligamentum flavum hypertrophy and 3 mm disc bulge of L4-L5 with bilateral foraminal narrowing and 2 mm disc bulge and bilateral facet arthrosis with bilateral neural foraminal narrowing at L5-S1. Treatment to date has included medication, physical therapy, acupuncture, H-wave unit and a home exercise program. The majority of the documentation submitted contains minimal information and is difficult to decipher. The injured worker was noted to have undergone physical therapy for the cervical spine but the number of visits and the specific response to treatment was undocumented. Work status was temporarily totally disabled. In a progress note dated 04/28/2015, the injured worker complained of pain but it is uncertain as to the location and nature of the pain as the subjective findings are difficult to decipher. Objective findings were notable for tenderness and decreased range of motion of the cervical spine. The physician noted that Omeprazole 20 mg #30 would be requested as well as physiotherapy and yoga. A request for authorization of Omeprazole, Yoga for the neck and physiotherapy and chiropractic therapy 2 x 3 for the neck was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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) chapter, Proton-pump inhibitors.

Decision rationale: As per CA Medical Treatment Utilization Schedule (MTUS) guidelines, in patients who are taking NSAID medications, the risk of gastrointestinal risk factors should be determined. Recommendations indicate that patients are at high risk for these events if "(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 (e.g., NSAID + low-dose ASA)." As per ODG guidelines, proton pump inhibitors are recommended for patients at risk for gastrointestinal events. The medical documentation submitted does not show that the injured worker is at increased risk for gastrointestinal events as per MTUS guidelines. There is no documentation that shows that the injured worker is currently taking multiple NSAID medications, the injured worker is not greater than 65 years of age and there is no documented history of gastrointestinal bleeding or peptic ulcers. There is also no documentation of any current subjective gastrointestinal complaints or abnormal objective gastrointestinal examination findings. Therefore, the request for authorization of Omeprazole is not medically necessary.

Yoga for the Neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Yoga Page(s): 126.

Decision rationale: As per CA MTUS guidelines, Yoga is "recommended as an option only for select, highly motivated patients. There is considerable evidence of efficacy for mind-body therapies such as yoga in the treatment of chronic pain. Since outcomes from this therapy are very dependent on a motivated patient, we recommend approval where requested by a specific patient, but not adoption for use by any patient." The documentation submitted does not indicate any specific request for yoga from the injured worker, nor is there any discussion from the physician as to why this modality was being requested. There was no explanation as to the injured worker's level of motivation with regards to the completion of yoga exercises and this modality is only recommended for a select number of highly motivated patients. Therefore, the documentation is insufficient to support medical necessity and the request is not medically necessary.

Physiotherapy and Chiro 2x3 for The Neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Manual Therapy and Manipulation Page(s): 98-99, 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) chapter, Physical therapy Neck and Upper Back (Acute & Chronic) chapter, Manual therapy and manipulation.

Decision rationale: As per CA MTUS guidelines, physical medicine "Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." MTUS further states to "allow for fading treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." ODG indicates that physical therapy has demonstrated significant benefit with pain and functional restoration for patients with mechanical neck disorders. The recommended frequency and duration for a diagnosis of neck sprain is 10 visits over 8 weeks. MTUS is silent regarding manipulation of the neck so alternative guidelines were referenced. As per ODG, manipulation of the cervical spine is recommended as an option but would not be advisable beyond 2-3 weeks if there is no evidence of objective functional improvement. The submitted documentation shows that the injured worker had undergone previous physical therapy for the neck and back, which was noted to have helped with symptoms, however there, was no indication as to how many visits were previously received, the dates of therapy or the specific response to therapy. There is no evidence of subjective benefit or significant functional improvement. The injured worker's work status remained temporarily totally disabled and there was no indication that the ability to perform activities of daily living or quality of life had improved. There is no discussion of a home therapy program. Maintenance care is not recommended. Therefore, the request for authorization of physiotherapy and chiropractic treatment is not medically necessary.