

Case Number:	CM15-0170183		
Date Assigned:	09/10/2015	Date of Injury:	11/17/1980
Decision Date:	10/08/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58-year-old female who sustained an industrial injury on November 17, 1980 resulting in low back pain. There is no formal diagnosis provided in the documentation. Documented treatment in physician note of March 11, 2015 references chiropractic sessions in progress but number of sessions completed and response are not provided. She also uses Aleve which is noted to help decrease pain. The injured worker reports that her low back pain is increasing, and the treating physician's plan of care includes an additional 8 chiropractic sessions for the lumbar area which was denied due to no documentation of improvement from prior visits; and, 60 Anaprox 550 mg which the reviewer denied stating that Aleve has been effective and there is no documentation to support changing medication. The injured worker is retired, but continues to work in another capacity.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic treatments, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The claimant sustained a work-related injury nearly 35 years ago and is being treated for low back pain. Treatments have included chiropractic care with case notes referencing completion of at least 22 treatments since 2011. In February 2015, completion of remaining chiropractic treatments and progression to a home exercise program were recommended. When seen, in March 2015 there was increased low back pain. Aleve and a home exercise program are referenced as decreasing symptoms. Physical examination findings included a slow and guarded gait. There was paravertebral and lumbosacral junction tenderness with muscle guarding and decreased range of motion. There was low back pain with straight leg raising. Additional chiropractic treatments and Anaprox 550 mg BID #60 is being requested. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over two weeks with further treatment considered if there is objective evidence of functional improvement and with a total of up to 18 visits over 6-8 weeks. In this case, the claimant had recently completed a course of chiropractic treatments. The number of additional treatment sessions requested is in excess of the guideline recommendation. A fading of treatment frequency is not apparent and the request cannot be accepted as being medically necessary.

60 Anaprox DS 550mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant sustained a work-related injury nearly 35 years ago and is being treated for low back pain. Treatments have included chiropractic care with case notes referencing completion of at least 22 treatments since 2011. In February 2015, completion of remaining chiropractic treatments and progression to a home exercise program were recommended. When seen, in March 2015 there was increased low back pain. Aleve and a home exercise program are referenced as decreasing symptoms. Physical examination findings included a slow and guarded gait. There was paravertebral and lumbosacral junction tenderness with muscle guarding and decreased range of motion. There was low back pain with straight leg raising. Additional chiropractic treatments and Anaprox 550 mg BID #60 is being requested. Oral NSAIDs (nonsteroidal antiinflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of Anaprox (naproxen) is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dosing is within guideline recommendations and medically necessary.