

Case Number:	CM15-0027661		
Date Assigned:	02/20/2015	Date of Injury:	10/18/2013
Decision Date:	04/02/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/13/2015

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

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 55 year old female, who sustained an industrial injury on October 18, 2013. She has reported lower back pain and leg pain. The diagnoses have included thoracic spine sprain/strain, lumbar spine sprain/strain, myospasms and lumbar spine radiculitis. Treatment to date has included medications, physical therapy, and home exercise. A progress note dated December 5, 2014 indicates a chief complaint of continued lower back pain with radiation to the right leg, numbness and tingling. Physical examination showed tenderness to palpation with spasms of the thoracic and lumbar spine, with decreased range of motion and strength. The treating physician requested chiropractic care twice each week for six weeks, and prescriptions for Gabapentin, Cyclobenzaprine, and Ibuprofen. On January 16, 2015 Utilization Review certified the request for the prescriptions for Gabapentin and Cyclobenzaprine. Utilization Review partially certified the request for chiropractic care with an adjustment to once each week for six weeks, and denied the request for the prescription for Ibuprofen. The California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines were cited in the decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2x6 weeks qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: Regarding the request for chiropractic care, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, while an initial course of 6 sessions as recommended by the utilization reviewer may be appropriate, the currently requested 12 treatment sessions exceed the recommendations of the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested chiropractic care is not medically necessary.

Ibuprofen 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: Regarding the request for ibuprofen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that prior use of NSAIDs have provided any specific analgesic benefits (in terms of percent pain reduction or reduction in numeric rating scale) or any objective functional improvement. In the absence of such documentation, the currently requested ibuprofen is not medically necessary.