

<b>Case Number:</b>	CM15-0075488		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	02/13/2015
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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, Massachusetts

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 32 year old male who sustained an industrial injury on 02-13-2015. Medical records indicated the worker was treated for low back pain with numbness and tingling into his calves more on the right side than the left, and bilateral knee pain. He complained of being unable to get a restful night sleep due to back pain awakening him. On examination of the lumbar spine, there was noted a slight decrease in normal lumbar lordotic curvature. There was tenderness to palpation with spasm and muscle guarding over the bilateral paraspinal musculature and right sacroiliac joint. Straight leg raising elicited localized pain. Sacroiliac stress test was positive on the right. Range of motion of the lumbar spine was: flexion 22 degrees, extension 8 degrees, right side bending 11 degrees, and left side bending 9 degrees. Examination of the bilateral knees revealed no atrophy, swelling or deformity. There was tenderness to palpation over the medial and lateral joint lines and peripatellar regions. There was patellofemoral crepitus with passive ranging. Range of motion of the knees was: flexion 140 degrees, extension 0 degrees. Sensation to pinprick and light touch was present in the bilateral lower extremities with a decrease on the right L2 dermatome. Radiographs of the lumbar spine and radiographs of the bilateral knees obtained 02-23-2015 were within normal limits. A request for authorization was submitted for: 1. 12 sessions of chiropractic manipulative therapy, 2. 1 Quikdraw rap, 3. Prilosec 20mg #30, 4. Ultram 50mg #120, 5. Anaprox DS 550mg #60, 6. Fexmid 7.5mg # 60, 7. 1 Home Tens unit, 8. 1 X-ray of the lumbar spine and bilateral knees A utilization review decision on 04-01-2015 modified -12 sessions of chiropractic manipulative therapy to certify 6 sessions of chiropractic manipulative therapy Non-certified: 1 Quikdraw rap-Prilosec20mg #30Certified: Ultram 50mg #120, Anaprox DS 550mg #60, Fexmid 7.5mg # 60. Conditionally non-certified: 1 Home Tens unit-1 X-ray of the lumbar spine and bilateral knees.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **12 sessions of chiropractic manipulative therapy:** 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:** According to CA MTUS initial trial of chiropractic therapy for lower back pain injury is 6 initial sessions with further treatment being recommended if there is evidence of improved functional capacity. The requested 12 sessions is beyond the recommended treatment duration guidelines at this time. Therefore this request is not medically necessary.

### **1 Quikdraw rap:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** According to ACOEM guidelines, "The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security.. There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Proper lifting techniques and discussion of general conditioning should be emphasized, although teaching proper lifting mechanics and even eliminating strenuous lifting fails to prevent back injury claims and back discomfort, according to some high-quality studies." Given the lack of clinical efficacy and supporting clinical evidence, the requested back support is not medically necessary.

### **Prilosec 20mg #30:** 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): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** According to the medical records reviewed and the cited guidelines, the above medication is not clinically necessary for the following reasons: there is no evidence of medication related gastritis documented in the clinic record and the patient is not at increased risk of gastritis as risk factors including advanced age, history of peptic ulcer, gastrointestinal bleeding or concurrent use of NSAID with steroids or anticoagulants are lacking. CA MTUS guidelines state that the use of a proton pump inhibitor should be limited to the recognized indications and not prescribed for prophylactic use if there are no risk factors documented. Additionally it is recommend that it be used at the lowest dose for the shortest possible amount of time. Considering lack of documented necessity, the medication does not appear to be clinically necessary at this time.