

<b>Case Number:</b>	CM15-0079796		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	09/22/2014
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54 year old male patient, who sustained an industrial injury on 9/22/14. The diagnoses have included headaches; sprain and strain of lumbosacral (joint) (ligament); sprain and strain of unspecified side of the hip and thigh. He sustained the injury due to involved in motor vehicle accident. Per the doctor's note dated 3/10/15, he had complaints of low back pain with tingling and numbness in bilateral lower extremities. The physical examination revealed tenderness and decreased range of motion of the cervical and lumbar spine. Per the partially legible note dated 1/28/15, physical examination revealed left elbow- tenderness and positive reverse Cozen test; left wrist- tenderness and positive Finkelstein's and Tinel's test. The medications list includes voltaren XR and lyricea. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine dated 1/15/15; physical therapy, 6 chiropractic sessions and medications. The request was for chiropractic 2 x 4 for the cervical spine, bilateral shoulders, left elbow and left wrist; lumbar spine home traction unit for purchase; left elbow and left wrist ultrasound and voltaren XR 100mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2 x 4 for the cervical spine, bilateral shoulders, left elbow and left wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 58-60, Manual therapy & manipulation.

**Decision rationale:** Request- Chiropractic 2 x 4 for the cervical spine, bilateral shoulders, left elbow and left wrist. Per the cited guidelines regarding chiropractic treatment Elective /maintenance care - Not medically necessary. "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic." Patient has had 6 chiropractic sessions and physical therapy visits for this injury. There is no evidence of significant ongoing progressive functional improvement from the previous chiropractic therapy visits that is documented in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Chiropractic 2 x 4 for the cervical spine, bilateral shoulders, left elbow and left wrist is not fully established for this patient. The request is not medically necessary.

**Lumbar spine home traction unit for purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic), Powered Traction Devices.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Physical methods, 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 05/15/15) Traction.

**Decision rationale:** Request- Lumbar spine home traction unit for purchase. Per the cited guidelines "Traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended." In addition per the ODG regarding traction "Not recommended using powered traction devices, but home-based patient controlled gravity traction may be a noninvasive conservative option, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. As a sole treatment, traction has not been proved effective for lasting relief in the treatment of low back pain. The evidence suggests that any form of traction may not be effective. Neither continuous nor intermittent traction by itself was more effective in improving pain, disability or work absence than placebo, sham or other treatments for patients with a mixed duration of LBP, with or without sciatica." Therefore there is no high grade scientific evidence to support the lumbar inversion unit for this diagnosis. Response to previous conservative therapy including physical therapy visits and

pharmacotherapy is not specified in the records provided. The medical necessity of Lumbar spine home traction unit for purchase is not fully established for this patient. The request is not medically necessary.

**Left elbow and left wrist ultrasound: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Elbow Chapter - Ultrasound, Indications for Imaging.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Elbow (updated 06/23/15) Ultrasound, diagnostic Chapter: Forearm, Wrist, & Hand (updated 05/11/15) Ultrasound (diagnostic).

**Decision rationale:** Request- Left elbow and left wrist ultrasound. Per the cited guidelines regarding diagnostic ultrasound for elbow "Indications for imaging, Ultrasound: Chronic elbow pain, suspect nerve entrapment or mass; plain films nondiagnostic (an alternative to MRI if expertise available) - Chronic elbow pain, suspect biceps tendon tear and/or bursitis; plain films nondiagnostic (an alternative to MRI if expertise available)." Per the cited guidelines diagnostic ultrasound for wrist is "Recommended. Ultrasonography is a dynamic process and is accurate in detecting tendon injuries. (Guerini, 2007) The ulnar nerve is also easily visualized. (Cartwright, 2007)." A recent clinical evaluation with detailed physical examination of the left elbow and left wrist is not specified in the records provided. Recent X-ray reports of the left elbow and wrist are also not specified in the records provided. In addition, response to prior conservative therapy for the left elbow and wrist is not specified in the records provided. The medical necessity of the Left elbow and left wrist ultrasound is not fully established for this patient. The request is not medically necessary.

**Voltaren XR 100mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, page 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 06/15/15) Diclofenac Diclofenac sodium (Voltaren, Voltaren-XR).

**Decision rationale:** Request-Voltaren XR 100mg #30. Voltaren contains diclofenac which is an NSAID. According to CA MTUS chronic pain medical treatment guidelines "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000)" Patient had chronic low back pain. Therefore use of a NSAID is medically appropriate and necessary. However per the cited guidelines "A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of

cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart attack, that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk." The response and failure of other NSAIDS like ibuprofen is not specified in the records provided. The request for Voltaren XR 100mg #30 is not medically necessary and appropriate as a first line NSAID due to its risk profile.