

## Notice of Independent Medical Review Determination

Dated: 12/5/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 5/31/2013  
Date of Injury: 3/28/2013  
IMR Application Received: 6/14/2013  
MAXIMUS Case Number: CM13-0000707

- 1) MAXIMUS Federal Services, Inc. has determined the request for **twelve chiropractic sessions is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **cervical x-ray is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **x-ray of bilateral knees is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Norco 2.5/325mg is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **Prilosec 20mg is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/14/2013 disputing the Utilization Review Denial dated 5/31/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/15/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **twelve chiropractic sessions** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **cervical x-ray** is not **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **x-ray of bilateral knees** is not **medically necessary and appropriate**.
- 4) MAXIMUS Federal Services, Inc. has determined the request for **Norco 2.5/325mg** is not **medically necessary and appropriate**.
- 5) MAXIMUS Federal Services, Inc. has determined the request for **Prilosec 20mg** is not **medically necessary and appropriate**.

### Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Oklahoma. 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 treatments and/or services at issue.

### Expert Reviewer Case Summary:

The patient is a 52-year-old female, who reported an injury on 03/28/2013. The mechanism of injury is not specifically stated. The diagnosis includes cervical spine musculoligamentous sprain. A utilization review report was submitted by Dr. [REDACTED] on 05/31/2013. The requests for x-ray of the cervical spine, x-ray of bilateral knees, Norco 2.5/325 mg, Flexeril 10 mg, Prilosec 20 mg, chiropractic therapy for 12 sessions, electromyography (EMG) study of bilateral upper extremities, psychiatric consultation, and an internal medicine consultation were non-certified. Previous EMG/NCV findings included mild carpal tunnel syndrome. A Primary Treating Physician's Report was submitted by Dr. [REDACTED] on 08/30/2013. The report was in response to a notice of denial for requested services. It was noted that the patient previously sought treatment with ibuprofen 800 mg, a home exercise program, hot packs, and over the counter ointments. Following a failure of conservative treatment, Dr. [REDACTED] indicated that he then ordered x-rays of the cervical spine to assess for significant degenerative disc disease. In addition, he believed that it was the standard of care to perform x-rays prior to consideration for chiropractic manipulative therapy. X-rays of bilateral knees were also ordered as well to rule out significant intra-articular arthritis.

With regard to the denial of the patient's Norco 2.5/325 mg, Dr. [REDACTED] notes that the patient failed a trial of both over the counter and prescription NSAID medications without significant relief of symptoms. Prilosec 20 mg was then prescribed due to the fact that the patient developed gastritis from the anti-inflammatory use prior to presentation to the clinic.

#### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

#### **1) Regarding the request for twelve chiropractic sessions :**

##### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Manual Therapy and manipulation, page 58, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Manual Therapy and manipulation, pages 58-60, which is part of the MTUS.

##### Rationale for the Decision:

The Chronic Pain Guidelines indicate that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Treatment of the low back is an option with a trial of 6 visits over 2 weeks. With evidence of objective functional improvement, a total of up to 18 visits over 6 weeks to 8 weeks may be recommended. As per the clinical notes submitted for this review, the employee has completed 6 visits of chiropractic therapy to date. There is no evidence provided of significant functional improvement following the initial 6 visits. The employee continued to complain of constant 0/10 to 6/10 pain at the latest visit on 07/02/2013 following treatment. Objective findings thereafter continue to include positive orthopedic testing and decreased range of motion. There is also no evidence of re-injury, interrupted continuity of care, exacerbation of current symptoms, or co-morbidities for the employee. Therefore, without documentation of significant functional gains or exceptional factors following initial therapy, additional therapy is not appropriate at this time. **The request for twelve (12) chiropractic sessions is not medically necessary and appropriate.**

## 2) Regarding the request for cervical x-ray :

### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 8) pg 177-179, which is part of the MTUS.

### Rationale for the Decision:

The MTUS/ACOEM Guidelines indicate that special studies are not needed unless a three-or-four week period of conservative care and observation fails to improve symptoms. Criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery or for clarification of the anatomy prior to an invasive procedure. The medical records provided for review indicate that the employee sustained a lower back strain while bending over during the work place. There was no indication of minimal acute trauma, symptomatic spondylolisthesis, paresthesias, or suspected significant pathology. Therefore, the medical necessity of an x-ray of the cervical spine cannot be determined as appropriate at this time. **The request for cervical x-ray is not medically necessary and appropriate.**

## 3) Regarding the request for x-ray of bilateral knees :

### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 13) pg 341-343, which is part of the MTUS.

### Rationale for the Decision:

The MTUS/ACOEM Guidelines indicate that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Radiographs are not obtained when the patient is able to walk without a limp or the patient had a twisting injury and there is no effusion. Most knee problems improve quickly once any red-flag issues are ruled out. The medical records provided for review do not indicate acute trauma to the knee or non-traumatic knee pain with exceptional factors. There is no documented evidence on objective examination of focal tenderness, effusion, inability to bear weight, suspected knee dislocation, or suspicion of significant pathology. **The request for x-ray of bilateral knees is not medically necessary and appropriate.**

#### 4) Regarding the request for Norco 2.5/325mg :

##### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 91, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, pages 74-82, which is part of the MTUS.

##### Rationale for the Decision:

The Chronic Pain Guidelines indicate that short acting opioids are often used for intermittent or breakthrough pain. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. A written consent or pain agreement for chronic use is not required, but may make it easier for the physician and surgeon to document patient education, treatment plan, and the informed consent. The medical records provided for review indicate that the employee failed conservative treatment with over-the-counter and prescription non-steroidal anti-inflammatory medications prior to the request for an opioid. There is no documented evidence of this failure of conservative treatment, or documentation of a previous psychiatric examination performed prior to the initiation of opioid therapy. A narcotic contract and risk assessment analysis are not provided as well. There was also no documentation submitted that provided evidence of significant functional deficits requiring the use of a stronger medication. Satisfactory response to treatment was not indicated by a decreased in pain level, increase in level of function or overall improved quality of life. **The request for Norco 2.5/325 mg is not medically necessary and appropriate.**

#### 5) Regarding the request for Prilosec 20mg :

##### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 68, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Page 68-69, which is part of the MTUS.

##### Rationale for the Decision:

The Chronic Pain Guidelines indicate that proton pump inhibitors (PPIs) are appropriate in cases where patients are at intermediate or high risk for gastrointestinal events. The medical records provided for review do not indicate that the member is at risk for gastrointestinal events. It is stated by the treating provider that the employee was given a prescription for Prilosec 20 mg due to the fact that the employee developed gastritis from the previous Motrin use prior to presentation to the clinic.

There is no documentation providing objective evidence of gastritis caused by the use of previous anti-inflammatory medication. There is also no indication why the employee could not benefit from an over-the-counter product as opposed to a prescription medication. **The request for Prilosec 20mg is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
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