

<b>Case Number:</b>	CM14-0001142		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	06/13/2013
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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: 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:

This injured worker has submitted a claim for chronic sprain / strain of cervical, thoracic, lumbar spine and bilateral shoulders, anxiety and tension reactive to pain associated with an industrial injury date of 06/13/2013. Treatment to date has included chiropractic care, physical therapy, shock wave therapy, subacromial injection, and medications (Prevpac, Gaviscon, and capsaicin gel). Utilization review from 12/05/2013 denied the requests for omeprazole 20mg, #60 because there was no documentation of relief from intermittent epigastric pain with the use of this medication; capsaicin gel 0.025% 60mg because there was no evidence that the patient was non-responsive or intolerant to other forms of treatment that warrants the use of this topical medication; chiropractic evaluation because there was no noted improvement from previous chiropractic treatment; 4 chiropractic treatments due to similar rationalization of chiropractic evaluation; and referral to a psychologist due to lack of subjective and objective documentation of anxiety. On the other hand, the request for 8 aquatic therapy sessions has been modified to 6 aquatic therapy sessions because the guidelines state that the initial trial corresponds to 6 sessions spaced over 2 weeks. Medical records from 2013 were reviewed showing that patient has been complaining of chronic neck, low back and left shoulder pain. Patient stated that her upper back pain was aggravated upon standing, pushing and pulling while the bilateral shoulder pain radiated to the arms worsened by lifting more than 10 pounds. Accordingly, the prescribed medications, acupuncture and chiropractic care have helped her cope with pain, however, she felt that her condition remained the same. She also complained of persistent epigastric pain. Epworth Sleepiness Scale indicated normal sleep function. Physical examination showed tenderness over the paracervical, sternocleidomastoid, supraclavicular fossa muscles, paralumbar muscles, spinous processes, and prepatellar regions bilaterally. Active range of motion of cervical and

lumbosacral spine was decreased in all planes, as well as towards shoulder flexion and abduction bilaterally. Lasegue sign was negative. MRI of the cervical spine, dated 07/13/2013, showed straightening of the cervical lordosis which may reflect an element of myospasm. There was disc desiccation at C2-C3, C3-C4, C5-C6, C6-C7 with loss of disc height at C5-C6. C4-C5 focal disc herniation with associated bilateral uncovertebral joint degenerative change which causes stenosis of the spinal canal was also seen. MRI of the lumbar spine, dated 07/13/2013, showed disc herniation at L1-L2 through L4-L5 with straightening of the normal lumbar lordotic curvature with no restricted range of motion on flexion and extension. Multipositional MRI of left shoulder, dated 07/13/2013, revealed osteoarthritis and tendinosis. EMG/NCV report, dated 10/18/2013, showed normal EMG studies of the cervical spine and upper extremities showed no acute or chronic denervation potentials in any of the muscles tested; and abnormal NCV studies of the upper extremities revealing electrophysiological evidence of bilateral moderate carpal tunnel syndrome.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Omeprazole 20mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal reflux disease (GERD). 2012 May. 12p.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Food and Drug Administration.

**Decision rationale:** As stated in page 68 of Chronic Pain Medical Treatment Guidelines and the Food and Drug Administration, proton pump inhibitors (PPI) are indicated for treatment in patients with GI disorders such as: gastric / duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a PPI used in treating reflux esophagitis and peptic ulcer disease. In this case, the patient was initially prescribed with Naproxen (NSAID) since the injury date of 06/13/2013. However, it was eliminated from her medications since the onset of intermittent epigastric pain. A Gastroenterology Evaluation QME report on 12/19/2013 documented that the patient has been having intermittent, moderate degree of epigastric pain on a daily basis, which can be relieved upon intake of omeprazole and Gaviscon. Physical examination showed tenderness over the epigastric area. Preliminary impression of the report was gastroesophageal reflux. The prescription of this medication is consistent with the guideline criteria. Therefore, the request for omeprazole 20mg, #30 is medically necessary.

**Capsaicin gel 0.025% 60mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical.

**Decision rationale:** As stated in pages 112-113 of Chronic Pain Medical Treatment Guidelines, capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Although capsaicin can be used for neuropathic pain, the provider does not indicate that the employee has failed other treatments. In the most recent progress report, dated 12/18/2013, patient stated that her medications have been helping her cope with pain. The employee suffers from widespread diffuse pain and it is not clear from the lack of discussion how this topical medication can provide any pain reduction and improvement in patient's functional activities. The guidelines criteria have not been met. Therefore, the request for capsaicin gel 0.025% 60mg is not medically necessary and appropriate.

**Aquatic therapy 8 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

**Decision rationale:** As stated on pages 22-23 of the California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight-bearing is desirable such as extreme obesity or fractures of the lower extremity. In this case, the records submitted for review showed that the patient weighs 160 lbs, height of 5 feet, 4 inches with a body mass index of 28, which is considered obesity. However, as stated in the progress report written on 12/18/2013, patient has already received 22 sessions of physical therapy. There is no clear indication as to why aquatic therapy should be initiated. There was no documented evidence of comprehensive physical examination performed and functional deficits warranting aquatic therapy. Furthermore, the request did not specifically indicate the body part to be treated. Therefore, the request for aquatic therapy x 8 sessions is not medically necessary and appropriate.

**Continue chiropractic evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

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

**Decision rationale:** As stated in pages 58-59 of Chronic Pain Medical Treatment Guidelines, several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. In this case, as stated in a progress report written on 12/18/2013, patient already completed 9 sessions of chiropractic treatment, exceeding the recommended guideline. Likewise, there was no report on evidence that the chiropractic therapy has contributed to a decrease in pain and improved functional activities of the patient. Therefore, the request of chiropractic evaluation is not medically necessary.

**Chiropractic treatment 4 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

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

**Decision rationale:** As stated in pages 58-59 of Chronic Pain Medical Treatment Guidelines, several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. In this case, as stated in a progress report written on 12/18/2013, patient already completed 9 sessions of chiropractic treatment, exceeding the recommended guideline. Furthermore, the guideline states that if the criteria to support continuing chiropractic care (substantive, measurable functional gains with remaining functional deficits) have been achieved, a follow-up course of treatment may be indicated consisting of another 4-12 visits over a 2-4 week period. However, there was no report on evidence that the chiropractic therapy has contributed to a decrease in pain and improved functional activities of the patient. Moreover, the request did not specify the body part to be treated. Therefore, the request for chiropractic treatment 4 sessions is not medically necessary.

**Referral to psychologist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): References.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations. Decision based on Non-MTUS Citation ACOEM 2nd edition, 2004, Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. Furthermore, as stated in pages 101-102 of Chronic Pain Medical Treatment Guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes addressing co-morbid mood disorders (such as depression, anxiety, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. In this case, a psychological assessment report, dated 12/03/2013, showed that patient was diagnosed with Adjustment Disorder with Very Mild Depressed Mood. The mental status exam revealed signs of depression, including aspects of mood and affect. Patient's symptom showed mild depression in association to her pain complaints. It was recommended for her to undergo psychotherapy sessions. Therefore, the request for referral to psychologist is medically necessary and appropriate.