

Case Number:	CM13-0044440		
Date Assigned:	12/27/2013	Date of Injury:	04/01/2008
Decision Date:	03/12/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	10/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52 year old female with history of chronic cervical spine, right wrist and shoulder pain. The diagnosis are myalgia and myositis, cervical sprain, brachial neuritis, rotator cuff syndrome. Difficulty with legibility of 06/14/2013 note. The patient is working, but she continues to have pain in the right side of neck with occasional numbness to right hand. On exam there was a positive right spurlings to sensation of right hand, decreased strength, right shoulder spasm. The plan is chiropractic care 2 times a week times 4 weeks. Also noted that myofascial pain syndrome, strain and cervical radiculopathy have worsened.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second round of chiropractic treatments, 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Page(s): 58.

Decision rationale: The patient is a 52 year old female with history of chronic cervical spine, right wrist and shoulder pain. The diagnoses are myalgia and myositis, cervical sprain, brachial neuritis, rotator cuff syndrome. Difficulty with legibility of 06/14/2013 note. The patient is

working, but she continues to have pain in the right side of neck with occasional numbness to right hand. On exam there was a positive right spurlings to sensation of right hand, decreased strength, right shoulder spasm. It is also noted that myofascial pain syndrome, strain and cervical radiculopathy have worsened. The CA MTUS guidelines state if chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. The documentation provided does note that the prior chiropractic has helped, but there is no objective documentation to support the need for chiropractic sessions. There is no functional improvement noted on the documentation provided. Therefore, the request for second round of chiropractic treatments, 2 times a week for 4 weeks is non-certified.

Terocin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient is a 52 year old female with history of chronic cervical spine, right wrist and shoulder pain. The diagnoses are myalgia and myositis, cervical sprain, brachial neuritis, rotator cuff syndrome. Difficulty with legibility of 06/14/2013 note. The patient is working, but she continues to have pain in the right side of neck with occasional numbness to right hand. On exam there was a positive right spurlings to sensation of right hand, decreased strength, right shoulder spasm. It is also noted that myofascial pain syndrome, strain and cervical radiculopathy have worsened. The CA MTUS guidelines state that Lidocaine is only FDA approved for use in Lidoderm patches. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. There was no documentation noted that documented the effects of Terocin for the patient. Therefore the request for Terocin is non-certified.