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| Case Number: | CM13-0047889 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 11/26/2007 |
| Decision Date: | 02/27/2014 | UR Denial Date: | 09/11/2013 |
| Priority: | Standard | Application Received: | 09/11/2013 |

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 Physical Medicine and Rehabilitation and is licensed to practice in New York and Texas. 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 who reported a work-related injury on 11/26/2007, specific mechanism of injury not stated. The patient presents for treatment of cervical spine discogenic disease, lumbosacral spine discogenic disease, right shoulder tendinosis, right shoulder impingement syndrome, left thumb CMC arthritis, and right knee sprain/strain. Clinical note dated 06/18/2031 reports the patient continues with moderate pain complaints of the low back, bilateral shoulders, left wrist, hand and right knee. The provider documented the patient was recommended to utilize naproxen and a course of chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 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.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient has utilized multiple lower levels of conservative treatment status post a work-related injury sustained in 11/2007. The patient has utilized acupuncture, chiropractic treatment, physical therapy, and a medication regimen, without resolve of her

symptomatology. Given the lack of documentation evidencing quantifiable efficacy with prior manipulation utilized for the patient's chronic pain complaints, the current request is not supported. There was no evidence that the patient reported a significant decrease in rate of pain or increase of objective functionality as a result of utilizing chiropractic treatment. Chronic Pain Medical Treatment Guidelines indicates the intended goal or effect of manual medicine and 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. Given all the above, the request for chiropractic treatment 2 times a week for 4 weeks is not medically necessary or appropriate.

Naprosyn: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The current request is not supported. Chronic Pain Medical Treatment Guidelines indicates naproxen is in the nonsteroidal anti-inflammatory drug class, utilized for inflammation as a non-opioid analgesic. However, the clinical notes failed to document the patient's specific reports of efficacy with her medication regimen. The provider did not indicate dosage or frequency of use for the requested naproxen. Given the lack of documentation evidencing the above, the request for blank is not medically necessary or appropriate.