MAXIMUS Federal Services

Case Number:	CM13-0053792		
Date Assigned:	12/30/2013	Date of Injury:	01/31/2003
Decision Date:	03/12/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/18/2013

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, has a subspecialty in Interventional Spine, 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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 46-year-old female with a date of injury of 1/31/03. The progress report dated 10/16/13 indicates that the patient's diagnoses include: (1) Right shoulder impingement, status post surgery; two of which are arthroscopic and two of which are manipulation under anesthesia with persistent symptomatology; (2) Neck pain with referred pain into the upper extremities; and (3) Headache. The patient persists with neck pain and headaches. The patient reports that she was going to chiropractic treatment, and that it gives her temporary relief of her symptoms. She also reports that the pain returns if she does activities. Exam findings showed tenderness along the cervical paraspinal muscles bilaterally, trapezius, and shoulder girdle.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Prilosec 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: The patient continues with significant neck pain and headaches. The patient is taking anti-inflammatory medication and the treating physician indicates that Prilosec is being prescribed to treat stomach upset. MTUS Guidelines recommend evaluation for risk for gastrointestinal events which include: 1) Age greater than 65 years, 2) History of peptic ulcer, GI bleeding, or perforation, 3) Concurrent use of aspirin, corticosteroids and/or an anticoagulant, or 4) High-dose/multiple NSAID use. The five progress reports reviewed between 5/28/13 and 10/16/13 did not provide any documentation that the treating physician had evaluated the patient regarding gastrointestinal events. There is repeated comment in the treatment plan that Prilosec is being given to treat stomach upsets or to buffer the stomach. There is no report by the patient that they have GI upset from medication, or that the Prilosec is helping with GI upset in these reports. Therefore, the request is noncertified.

12 sessions of chiropractic therapy for the neck and shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: The patient continues with significant neck pain and headaches. The patient has had prior chiropractic treatment and has reported some benefit, but indicates that pain returns with activities. MTUS Guidelines recommend a trial of six visits over two weeks; with evidence of objective functional improvement, a total of 18 visits over 6-8 weeks may be granted. MTUS Guidelines defines functional improvement as either a clinically significant improvement in activities of daily living, or a reduction in work restrictions. The records appear to indicate that patient has only had temporary relief, which has not allowed the patient to increase her activities of daily living. Therefore, the request is noncertified.