MAXIMUS Federal Services

Case Number:	CM13-0057142		
Date Assigned:	12/30/2013	Date of Injury:	06/04/2001
Decision Date:	03/24/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/25/2013

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:

This patient is a 55-year-old male with injury from 06/04/2001. Per treating physician's report on 10/08/2013, the patient has persistent pain at an intensity of 7/10 with listed complaints of lower back pain, right shoulder pain, and neck pain. Listed diagnoses are lumbar strain with bilateral lumbar radicular symptoms; MRI (magnetic resonance imaging) showing 4-mm disk protrusion at L5-S1 with impingement to the S1 nerve root, right shoulder strain status post right shoulder surgery on 12/18/2001 for frozen shoulder, secondary cervical strain due to other diagnosis. Per this report, recommendation was for chiropractic 2 times a week for 3 weeks to address increased low back and muscle weakness, continue Soma and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) chiropractic manipulation sessions: Overturned

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

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

Decision rationale: This patient presents with chronic low back, shoulder, and neck pain. The request is for 6 chiropractic sessions. This request is found on all of the progress reports from 04/04/2013, 04/15/2013, 06/27/2013, 08/28/2013, and 10/08/2013. Utilization reviewer denied this request making a reference to patient's statement that recent encounter with chiropractor did not go well. The MTUS guidelines allow up to 6 sessions of chiropractic treatments for initial trial. The clinical documentation submitted to review was not able to verify this patient's statement that he had a poor encounter with the previous chiropractor on any of the reports provided. It is reasonable to allow authorization for 6 sessions and see how the patient responds to chiropractic treatments. Certainly, if it does not work, the patient can stop. There is support for chiropractic treatment trial for low back pain. The recommendation is for authorization.

Soma 350mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

Decision rationale: This patient is prescribed Soma #60 to be taken a couple tablets a day. It would appear that this is prescribed for long term chronic basis. The MTUS guidelines state that Soma is not recommended and that this medication is not to be use for longer term. The recommendation is for denial.

Xanax 0.5mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: This patient suffers from chronic neck, low back, and shoulder pains. The treating physician has prescribed Xanax 0.5 mg. The MTUS guidelines state that benzodiazepines are not recommended for long term use due to unproven long term efficacy. In this case, the treating physician appears to be prescribing this medication on a long term basis. The provider does not state that this is to be used for short-term. The recommendation is for denial.