

Case Number:	CM13-0061796		
Date Assigned:	12/30/2013	Date of Injury:	05/08/2013
Decision Date:	04/09/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/05/2013

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 Chiropractor and is licensed to practice in 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 57 year old female who reported an injury on 05/08/2013, after a forward full that reportedly caused a loss of consciousness and significant facial trauma. The patient also reportedly sustained an injury to her cervical spine and left leg. The patient's neck and leg complaints were initially treated with physical therapy. The patient's most recent clinical documentation determined that the patient had 7/10 to 8/10 neck pain, 6/10 to 7/10 intermittent low back pain, and left leg and right shoulder pain exacerbated by activity. Physical findings included limited cervical spine range of motion secondary to pain, and limited lumbar range of motion. It was also noted that the patient had limited right shoulder range of motion with a positive impingement sign, and positive compression test for neck pain. The patient had a negative straight leg-raising test bilaterally, with intact sensation of both the upper and lower extremities, and a positive patellar grind and McMurray's test of the left knee. The patient's diagnoses included neck sprain and strain, thoracic sprain and strain, and lumbar sprain and strain. The patient's treatment plan included a cervical and lumbar MRI and 8 sessions of chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED x I Lyrica: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs (AEDs) Page(s): 16.

Decision rationale: The requested medication x1 Lyrica is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend the use of anticonvulsants as first-line medications for pain control. However, the clinical documentation submitted for review does not specifically identify a dosage, frequency, or intended duration of treatment. Additionally, this information is not reflected in the request as it is submitted. Therefore, the appropriateness of this medication for this patient cannot be determined. As such, the requested medication x1 Lyrica is not medically necessary or appropriate.

Chiropractic 6 visits neck, low back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested 6 chiropractic care sessions for the neck and low back are not medically necessary and appropriate. The California Medical Treatment Utilization Schedule does recommend the use of manual therapy as an appropriate treatment for neck and low back pain. However, continuation of treatment must be based on objective functional improvement. The patient's most recent clinical documentation indicates that the patient has previously received chiropractic treatment and did not have any evidence of pain relief or increased function. Therefore, the request 6 visits would not be appropriate. As such, the requested chiropractic 6 visits for the neck and low back are not medically necessary and appropriate.