

Case Number:	CM14-0010896		
Date Assigned:	02/21/2014	Date of Injury:	01/08/2013
Decision Date:	07/29/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/27/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 expert 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 54-year-old female who has submitted a claim for right ankle grade III lateral joint sprain, right knee contusion and sprain, and cervical spine periscapular strain and myofascial pain syndrome associated with an industrial injury date of January 8, 2013. Medical records from 2013-2014 were reviewed. The patient complained of right ankle pain, which was moderate and frequent. It was described as sharp and was associated with stiffness and weakness. Walking and standing aggravated the pain. Physical examination showed tenderness over the right posterolateral ankle. There was right ankle pain in the lateral joint complex. Range of motion of the right ankle was limited with pain. Motor strength and sensation was intact. MRI of the right ankle, dated April 8, 2013, revealed some increased signal intensity of the lateral or fibular collateral ligament consistent with contusion edema, and subtalar joint reveals evidence of joint effusion and minimal effusion at talonavicular joint. Treatment to date has included medications, physical therapy, acupuncture, home exercise program, and activity modification. Utilization review, dated January 13, 2014, denied the request for chiropractic evaluation and treatment, 2 times a week for 4 weeks right ankle qty: 8.00 because the documentation provided for review has no in-depth clinical information outlined, no summarization of treatments, no previous diagnostic studies, and no indication that the patient has had previous chiropractic services. The request for medication (unspecified) qty: 1.00 was denied as well because there was no specific medication request. An appeal letter (undated) states that chiropractic therapy is a rational adjunct therapeutic regimen that may help in alleviating pain and improving functional capacity and activities of daily living. In addition, the request for unspecified medication was said to be Fioricet (Butalbital/Caffeine/APAP) #60 one tab orally every 6 hours as needed and that it is the appropriate medication to treat the patient's headache.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC EVALUATION AND TREATMENT, 2 TIMES A WEEK FOR 4 WEEKS RIGHT ANKLE QTY: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58-61.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that the goal of manual therapy is to achieve positive symptomatic or objective measurable functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. For the ankle and foot, manual therapy and manipulation is not recommended. In this case, patient has persistent right ankle pain. Rationale for the request was not provided from the medical records submitted. Although an appeal letter (undated) stated that chiropractic evaluation and treatment might help in alleviating pain and improving functional capacity and activities of daily living, manual therapy and manipulation of the ankle is not guideline recommended. Therefore, the request for Chiropractic Evaluation and Treatment, 2 times a week for 4 weeks right ankle qty: 8.00 is not medically necessary.

MEDICATION (UNSPECIFIED) QTY: 1.00: 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 Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: As stated on page 23 Of the California MTUS Chronic Pain Medical Treatment Guidelines, barbiturate-containing analgesic agents such as Fioricet (butalbital, acetaminophen, and caffeine) is not recommended for chronic pain. There is no clinical evidence concerning the analgesic efficacy of barbiturate-containing analgesics. In this case, an appeal letter (undated) states that the requested unspecified medication was pertaining to Fioricet (Butalbital/Caffeine/APAP) #60 one tab orally every 6 hours as needed. It was reportedly for the patient's headaches. Medical records submitted did not mention any previous use of the medication. Furthermore, recent medical records did not document of any headache complaints by the patient. Fioricet is not recommended for chronic pain. There is no discussion concerning the need for variance from the guidelines. Furthermore, the present request failed to specify the medication and dosage. Therefore, the request for medication (unspecified) qty: 1.00 is not medically necessary.

