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| Case Number: | CM14-0115233 | | |
| Date Assigned: | 08/04/2014 | Date of Injury: | 05/10/2014 |
| Decision Date: | 09/10/2014 | UR Denial Date: | 06/16/2014 |
| Priority: | Standard | Application Received: | 07/21/2014 |

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 Physical Medicine & 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 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 53-year-old with an injury date on 5/10/14. The patient complains of left shoulder pain that radiates to the upper left extremity, and mild left cervical per 5/29/14 report. The patient complains of pain, spasm, inflammation, as well as insomnia per 5/29/14 report. Patient has not yet had any therapy per 5/29/14 report. Based on the 5/29/14 progress report provided by [REDACTED] the diagnoses are: 1. left shoulder strain 2. left C-spine strain 3. SAD 4. sleep d/o Exam on 5/29/14 showed neurological exam shows pain, spasm, inflammation of right upper extremity which began with original injury. No range of motion testing was provided in reports. [REDACTED] is requesting chiropractic manipulation 3 times a week for 4 weeks to cervical, left shoulder, functional capacity evaluation, and Norco 10/325mg #60. The utilization review determination being challenged is dated 6/16/14. [REDACTED] is the requesting provider, and he provided treatment reports from 5/29/14 to 7/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Manipulation three (3) times a week for four (4) weeks to cervical spine, left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Shoulder Chapter, Pg 203;. Decision based on Non-

MTUS Citation Official Disability Guidelines (ODG): Neck/Upper Back Complaints; Additional ACOEM Pain, Suffering, and the Restoration of Function Chapter, pg 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter on Manual Therapy and Treatments, Manual therapy & manipulation Page(s): 58,59.

Decision rationale: This patient presents with left shoulder pain radiating to left arm, and left neck pain. The treater has asked for chiropractic manipulation 3 times a week for 4 weeks to cervical, left shoulder on 5/29/14. Review of the report shows no prior history of chiropractic treatment. MTUS guidelines allow up to 18 sessions of treatments following initial trial of 3-6 if functional improvements can be documented. In this case, it does not appear the patient had prior chiropractic treatment and a trial of 3-6 sessions would be indicated. The requested 12 sessions, however, exceeds what MTUS allows in this situation and is not medically necessary.

Functional Capacity Evaluation (FCE) {Initial}: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria of Multidisciplinary Pain Management Program Page(s): 31-32.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, pg 137-138.

Decision rationale: This patient presents with left shoulder pain radiating to left arm, and left neck pain. The treater has asked for a functional capacity evaluation on 5/29/14. Patient is working at modified capacity current with 5/29/14 report. Regarding functional capacity evaluations, MTUS is silent, but ACOEM does not recommend them due to their oversimplified nature and inefficacy in predicting future workplace performance. FCE's are indicated for special circumstances and only if it is crucial. In this case, patient is currently working at a modified capacity, and treater does not indicate special circumstances that would require a functional capacity evaluation at this time. The request is not medically necessary.

Norco 10/325 mg. #60 No Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

Decision rationale: This patient presents with left shoulder pain radiating to left arm, and left neck pain. The treater has asked for Norco 10/325mg #60 on 5/29/14. Patient is currently taking Norco per 5/29/14 report and it is helpful. For chronic opioids use, MTUS guidelines require specific documentation regarding pain and function, including: least reported pain over period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; how long pain relief lasts. Furthermore, MTUS requires the 4 A's for ongoing

monitoring including analgesia, ADL's, adverse side affects, and aberrant drug-seeking behavior. Review of the included reports do not discuss opiates management. There are no discussions of the four A's and no discussion regarding pain and function related to the use of Norco. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, The request is not medically necessary.