

Case Number:	CM14-0130941		
Date Assigned:	08/20/2014	Date of Injury:	03/24/2014
Decision Date:	09/25/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/15/2014

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 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 injured worker is a 28-year-old male who sustained an industrial injury on 3/24/14 while employed with [REDACTED]. Ever since then his most significant complaints have been ongoing neck pain and headaches. The pain radiates into the interscapular area. On exam, the left shoulder was one inch higher than the right. The levator scapula was tender. Strength was 4/5 in the left first interosseous, abductor digiti minimi and abductor pollicis brevis. He had CT scan of the thoracic spine and lumbar spine which showed degenerative changes with mild disc bulges at the L3-4, L4-5, L5-1 discs. He is also noted to have minor disc desiccation the entirety of the cervical spine but no significant disc herniation or spinal stenosis. His nerve conductions of the upper limbs did show a mild bilateral carpal tunnel syndrome. He is taking ibuprofen 600 mg four times a day and Tylenol; he does not wish any other stronger medication because of concerns about addiction. Diagnosis was: headache, neck pain, left shoulder pain with biceps tendinitis and frozen shoulders, R > L, B/L hand paresthesia with hyper-reflexia of the lower limb. Physical therapy was recommended for his increased dorsal kyphosis and his cervical straining injury. He was previously certified for 6 PT visits; however there is no evidence of progress notes. The request for Motrin 800 mg x 100, 1 tab 3 x day, 5 refills and physical therapy for 12 visits to cervical spine and upper back was denied due to lack of medical necessity on 07/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg times 100, 1 tab 3 times a day with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: Per guidelines, NSAIDs are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, as there is no evidence of long-term effectiveness for pain or function. The medical records do not demonstrate that this patient has obtained any benefit with the medication regimen. In the absence of objective functional improvement, Motrin is not supported by the medical literature and thus its medical necessity has not been established.

Physical therapy for 12 visits to cervical spine (C/S), upper back: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

Decision rationale: As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. ODG guidelines recommends 9 visits over 8 weeks intervertebral disc disorders without myelopathy. In this case, the injured worker has already been certified for 6 physical therapy visits. However, there is little to no record of any progress notes significant improvement with documentation of the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of this modality in this injured worker. There is no evidence of presentation of any new injury / surgical intervention. Moreover, additional PT visits would exceed the guidelines criteria. Furthermore, there is no mention of the patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). Therefore, the request is considered not medically necessary or appropriate in accordance with the guideline.