

Case Number:	CM14-0137505		
Date Assigned:	09/05/2014	Date of Injury:	12/21/2012
Decision Date:	10/02/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/25/2014

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 43 years old female with an injury date on 12/21/2012. Based on the 07/02/2014 progress report provided by [REDACTED], the diagnoses are: 1. cervical sprain, int2. Right scapalgia3. Right shoulder sprain, int4. Thoracic spine sprain, intAccording to this report, the patient complains of bilateral neck pain, upper back pain and right shoulder pain with discomfort. The conditions remain unchanged from previous visit. The patient has had "slight improvement" with chiropractic and "NSAID with mild improvement." Physical exam reveals decreased cervical, thoracic, and right shoulder range of motion with tenderness and pain. There were no other significant findings noted on this report. The utilization review denied the request on 07/31/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/17/2014 to 08/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractics 2 times per week for 3 weeks to the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

Decision rationale: According to the 07/02/2014 report by [REDACTED] this patient presents with of bilateral neck pain, upper back pain and right shoulder pain with discomfort. The provider is requesting Chiropractic 2 times per week for 3 weeks for the right shoulder. Regarding chiropractic manipulation, MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/ flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. In this case, the 05/21/2014 report shows the patient had authorized chiropractic care with unknown number of sessions. There was no documentation of functional improvement. Without this information, one cannot consider additional treatments. While MTUS guidelines allow up to 18 sessions of chiropractic treatments following initial trial of 3-6, in this case, chiropractic therapy treatment history is not known. MTUS page 8 requires that the provider provide monitoring of the patient's progress and make appropriate recommendations. Recommendation is for denial.

Meloxicam #30: Overturned

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 Medications for Chronic Pain; Anti-Inflammatory Medications; NSAIDs (Non-Steroidal Anti-Inflamma.

Decision rationale: According to the 07/02/2014 report by [REDACTED] this patient presents with of bilateral neck pain, upper back pain and right shoulder pain with discomfort. The provider is requesting Meloxicam #30. The MTUS Guidelines pages 60 and 61 reveal the following regarding NSAID's, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." Review of reports from 01/17/2014 to 07/02/2014 shows no mentions of Meloxicam and it is unknown exactly when the patient initially started taking this medication. The 07/02/2014 and 05/21/2014 reports indicate the patient has mild improvement with NSAID. The request Meloxicam appears reasonable and consistent with MTUS guidelines. Recommendation is for authorization.