

Case Number:	CM14-0137889		
Date Assigned:	09/05/2014	Date of Injury:	08/31/2006
Decision Date:	10/15/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/26/2014

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 36-year old female with a work injury dated 8/31/06. The diagnoses include cervical degenerative disc disease; cervical radiculopathy; cervical spine sprain/strain; left shoulder impingement; status post left carpal tunnel release and DeQuervain's release. Under consideration is a request for Tens unit supplies; Motrin 800mg #120; 12 Chiropractic services. On 7 /28/14 progress reports revealed that the patient had a flare up of cervical spine, left shoulder, and left wrist pain. The pain was at a level of 6-7 /10 and described as intermittent and dull. Medication enabled her to perform activities of daily living, work, and have improved sleep patterns. The medication took the pain down from a 7 to a 4/10. On exam there was tenderness of the cervical paraspinals, left trapezius, and left acromioclavicular joint. The pain was worse on the left than on the right. She exhibited a positive shoulder depression, impingement test, and patchy, decreased left upper extremity sensation. The range of motion in her cervical spine and left shoulder were decreased.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens unit supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: Tens unit supplies are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Tens can be used for CRPS I (with basically no literature to support use); neuropathic pain: post-herpetic neuralgia; phantom limb pain and CRPS spasticity in spinal cord injury. The documentation does not indicate that the patient has complaints of or a diagnoses of the above condition therefore the request for Tens unit supplies are not medically necessary.

Motrin 800mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: Motrin 800mg #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation The MTUS states that NSAIDS are recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective that acetaminophen for acute low back pain. The documentation does not reveal that the patient has attempted the first line treatment of acetaminophen therefore the request for Motrin 800mg #120 is not medically necessary.

12 Chiropractic services:

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: 12 chiropractic services are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the low back chiropractic is recommended as an option. For therapeutic care a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks may be recommended. The request exceeds the recommendations for therapeutic care. Furthermore it is unclear if the patient has had prior chiropractic care. For recurrences/flare up the guidelines recommend 1-2 visits every 4-6 months. Without this information and the fact that the request exceeds either of these recommendations the request for 12 chiropractic services are not medically necessary.