

Case Number:	CM14-0179046		
Date Assigned:	11/03/2014	Date of Injury:	11/25/2013
Decision Date:	12/09/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/28/2014

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 American Board Internal Medicine 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 (IW) is a 64-year-old man with a date of injury of November 24, 2013. The mechanism of injury was not documented in the medical record. There are 3-progress reports in the medical record dated May 5, 2014, June 19, 2014, and July 24, 2014. Pursuant to the progress note dated July 24, 2014, the IW complains of neck pain, mid and upper back pain, and left shoulder pain. Pain was reported 5/10. Objective findings revealed tenderness to palpation and spasms over the paraspinal muscles thoracic spine and lumbar spine, which have remained the same since last visit. Cervical compression test was positive. Trigger points are noted. There was tenderness to palpation of the left shoulder. The IW has been receiving chiropractic therapy that helps to decrease his pain, tenderness, and spasms. It is unclear how many chiropractic treatments the IW has completed, as there is not documentation in the medical record. Objective functional improvement was not documented in the medical record. The IW has been diagnosed with cervical spine musculoligamentous strain/sprain with radiculitis; rule-out cervical spine discogenic disease; thoracic spine musculoligamentous strain/sprain; lumbosacral musculoligamentous strain/sprain; bilateral shoulder sprain/strain; rule-out shoulder impingement syndrome; and left shoulder adhesive capsulitis (frozen shoulder). Treatment plan includes: Continue chiropractic therapy, Flexeril 7.5mg, TGHOT 180gm., and MRI of the cervical spine. The medical record indicated that the IW has been receiving Extracorporeal Shockwave Treatment. The numbers of treatments were not enumerated in the medical record. There was no mention of LINT to lumbar spine or the purpose for the request detailed in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue chiro treatment for eval and treatment to cervical spine, thoracic spine, lumbar spine and left shoulder - two (2) times a week for six (6) weeks.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Urine Drug Testing

Decision rationale: Pursuant to the Official Disability Guidelines, continued chiropractic treatment for evaluation and treatment to cervical spine, thoracic spine, lumbar spine and left shoulder two times per week for six weeks is not medically necessary. Recommended treatment parameters for chiropractic treatment are as follows: time to produce affect 4 to 6 treatments; frequency 1 to 2 times per week for the first two weeks as indicated by the severity of the condition. Treatment may continue at one treatment per week for the next six weeks; maximum duration, eight weeks at eight weeks patient should be reevaluated case beyond eight weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In this case, the injured worker has been receiving chiropractic treatment. The documentation however does not contain evidence of functional objective improvement. Additionally, the number of physical therapy sessions is unclear from the documentation in the record. Additionally, from the progress note dated July 24, 2014 (the latest note) there are no clinical fact indicating continued chiropractic treatment is warranted. Consequently, physical therapy two times per week for six weeks for the cervical spine, thoracic spine, lumbar spine and left shoulder is not medically necessary.

MRI to cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Pursuant to the Official Disability Guidelines, MRI to the cervical spine is not medically necessary. Indications for MRI imaging include, but are not limited to, chronic neck pain after three months conservative treatment, radiographs normal, neurologic signs or symptoms present; chronic neck pain, radiograph shows spondylosis, neurologic signs or symptoms; suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury, radiographs and/or CAT scan normal. In this case, there is no neurologic deficit present. The injured worker has been receiving chiropractic treatments and, as noted above, the total number of treatments is not known/unclear based on the medical documentation. The latest progress notes from July 24, 2014 did not discuss the MRI cervical spine other than one is pending. There are no indications or clinical facts supporting a cervical spine MRI.

Consequently, MRI of the cervical spine is not indicated based on the clinical documentation in the medical record. Based on the clinical information and medical record and the peer-reviewed evidence-based guidelines, MRI cervical spine is not medically necessary.

LINT to lumbar spine: 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 LINT Page(s): 120.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, localized intensive neurostimulation treatment (LINT) to the lumbar spine is not medically necessary. The guidelines state LINT is not recommended. There is no evidence to support its use in chronic pain. In this case, there is mention made of receiving localized intensive neurostimulator therapy (LINT), however, there was no rationale as to the predicted outcome or any other discussion regarding the indications for LINT. The last progress note in the medical record was dated July 24, 2014. There was no discussion of LINT in the record. Consequently, LINT is not medically necessary. Based on the information in the medical record of the peer-reviewed evidence-based guidelines, LINT to the lumbar spine is not medically necessary.

Urine toxicology: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Urine Drug Testing

Decision rationale: Pursuant to the Official Disability Guidelines, urine drug testing is not medically necessary. The guidelines recommend urine drug testing as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncovered a version of the scribe substances. Determinations of low risk versus intermediate versus high risk will determine how frequently drug toxicology screens are to be ordered. In this case, there was no discussion of low risk versus intermediate versus high risk for drug addiction/misuse. The last progress note dated July 24, 2014 provided no discussion of any risk for drug misuse or abuse. The injured worker's sole medication is Flexeril along with a topical medication. The medical record contains no clinical indication of the urine drug testing. Consequently, urine drug testing is not medically necessary. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, urine drug testing is not medically necessary.