

Case Number:	CM14-0024503		
Date Assigned:	06/11/2014	Date of Injury:	01/04/2011
Decision Date:	07/15/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/26/2014

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 Neurological Surgery 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 44-year-old female was reportedly injured on 1/4/2011. The mechanism of injury was noted as an industrial injury. The most recent progress note, dated 2/11/2014, indicated that there were ongoing complaints of chest and back pain with an acute pain flare, after traveling on an airplane. No physical examination documented. No diagnostic imaging studies were available. Previous treatment includes massage therapy and medications to include ibuprofen and Flexeril. A request had been made for ibuprofen 400 mg #90 with #5 refills, 50 visits of chiropractic massage 2 to 3 times a month for 2 hour sessions for 6 months, and a trainer 2 times a week for 6 months in a pre-authorization process on 2/20/2014. The ibuprofen 400 mg was certified #90 with no refills. The 50 visits of chiropractic, massage 2 to 3 times a month for 2 hour sessions for 6 months, and a trainer 2 times a week for 6 months were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

IBUPROFEN 400 MG #90 ONE PO TID PRN WITH FIVE REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 22.

Decision rationale: According to Chronic Pain Medical Treatment Guidelines, Ibuprofen is a nonselective, non-steroidal anti-inflammatory medication which has some indication for chronic low back pain. When noting the claimant's diagnosis and signs/symptoms, there is a clinical indication for the use of this medication as noted in the MTUS guidelines. This request is recommended as medically necessary.

CHIROPRACTIC, FIFTY VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26; (Effective July 18, 2009) Page(s): 58 OF 127.

Decision rationale: The Chronic Pain Medical Treatment Guidelines support the use of manual therapy and manipulation (chiropractic care) for low back pain as an option. A trial of 6 visits over 2 weeks with the evidence of objective functional improvement and a total of up to #18 visits over 16 weeks was supported. After review of the available medical records, there was no clinical documentation or baseline level of function to show future subjective or objective improvements with the requested treatment. In addition, the request for #50 visits exceeds the maximum visits allowed by treatment guidelines. As such, this request is not considered medically necessary.

MASSAGE; TWO TO THREE TIMES A MONTH FOR TWO HOUR SESSION FOR SIX MONTHS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 60 OF 127.

Decision rationale: The Chronic Pain Medical Treatment Guidelines support the use of massage therapy as an adjunct to other treatments (i.e. physical therapy & exercise) and states it should be limited as to 4-6 visits in most cases. The claimant has been through a course of massage therapy previously without documentation of improvement. Given the date of injury and the number of visits requested, the guidelines do not support the request. As such, this request is not considered medically necessary.

TRAINER; TWO TIMES A WEEK FOR SIX MONTHS: 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) Low Back Lumbar & Thoracic (Acute & Chronic) - Exercise.

Decision rationale: The California Medical Treatment Utilization Schedule (CAMTUS)/ American College of Occupational and Environmental Medicine (ACOEM) guidelines do not address personal trainers. The Official Disability Guidelines (ODG) support temporary transitional exercise programs for patients who need more supervision; however, there is no documentation of physical therapy in the medical records provided. As such, this request is not considered medically necessary.