

Case Number:	CM14-0085568		
Date Assigned:	07/23/2014	Date of Injury:	09/21/2005
Decision Date:	09/19/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/09/2014

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 patient is an 83 year old female who sustained a cumulative trauma injury reported on 09/21/2005. Her diagnoses include cervical sprain, internal derangement of the right shoulder with underlying rotator cuff tear and insomnia. On 01/29/2014 the progress report notes the patient reported increased energy and assistance with her sleep when using the medication. Her complaints included neck pain associated with stiffness; bilateral shoulder pain associated with numbness, stiffness and limited range of motion; depression and anxiety; difficulty falling and staying asleep; and controlled hypertension. Exam revealed bilateral shoulder tenderness. Treatment plan included medications, Capsaicin gel to be applied over the pain areas, a short course of physical therapy and chiropractic treatment to the shoulders. Utilization review dated 05/23/2014 by [REDACTED] denied the requested Capsaicin gel (due to insufficient evidence supporting improved function and decreased pain) and chiropractic treatment (due to inadequate information suggesting the patients success with prior treatment) and modified the request 8 visits of acupuncture with infrared to certify 6 visits. The patient had acupuncture without infrared in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin gel 0.025%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical, Topical Analgesics Page(s): 28-29, 111-113.

Decision rationale: Guidelines indicate that Capsaicin is recommended as an option for patients who have not responded or are intolerant to other treatments including trials of antidepressants and anticonvulsants, which has not been demonstrated in the medical records. Therefore, the request is not medically necessary.

Chiropractic treatment for four visits, for neck and back.: Upheld

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

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

Decision rationale: Guidelines indicate that request for chiropractic care, manual therapy & manipulations for recurrences/flare-ups require need to re-evaluate treatment success. The patient already had past chiropractic treatment. In the absence of documented significant improvement of pain and function and according to the guidelines, the request is not medically necessary.

Acupuncture with infrared, eight visits, two visit per week times four weeks for the neck and back.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Guidelines recommend a trial of 6 treatments and continued treatments should be based upon evidence for improved pain and function. Therefore, the medical is not established for 8 visits of acupuncture with infrared. As such, this request is not medically necessary.