

<b>Case Number:</b>	CM14-0195766		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	05/24/2013
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Rehab, 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 48 year old male with an injury date on 5/24/13. The patient complains of continued pain in the cervical spine area and in the shoulders, pain rated 4-5/10 per 9/9/14 report. The patient states that the little finger goes numb, and the pain is more annoying and causes him to get frustrated per 6/18/14. The patient states that activity, especially with prolonged above-chest activity which may cause increased pain tomorrow per 4/26/14 report. Based on the 9/9/14 progress report provided by the treating physician, the diagnoses are: 1. left shoulder rotator cuff tendinosis 2. left shoulder impingement of the rotator cuff 3. cervical spine acute paraspinal muscle per X-ray finding 4. cervical spine acute s/s 5. mild to moderate cervical facet arthropathy per X-ray finding A physical exam on 9/9/14 showed "left shoulder has flexion to 125 degrees, abduction is only 110 degrees." The patient's treatment history includes medications, chiropractic. The treating physician is requesting 12 sessions of chiropractic treatment for the left shoulder, and prilosec 20mg #60. The utilization review determination being challenged is dated 10/24/14. The requesting physician provided treatment reports from 8/5/13 to 10/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of chiropractic treatment for the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines, Chiropractic guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy/Treatments and Manual therapy/manipulation Page(s): 58,59.

**Decision rationale:** This patient presents with neck pain, and shoulder pain. The treater has asked for 12 sessions of chiropractic treatment for the left shoulder on 9/9/14. According to utilization review letter dated 10/24/14, the patient had 6 prior sessions of chiropractic treatment which was "ineffective." MTUS guidelines allow up to 18 sessions of treatments following initial trial of 3-6 if functional improvements can be documented. In this case, the patient presents with chronic neck/shoulder pain. The patient has had 6 prior chiropractic treatments but they were not beneficial. Up to 18 sessions are allowed if functional improvement is shown. The request for additional chiropractic treatments is not indicated. The requested 12 sessions of chiropractic treatment is not medically necessary.

**Prilosec 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** This patient presents with neck pain, and shoulder pain. The treater has asked for Prilosec 20mg #60 on 9/9/14. Patient has been taking Prilosec since 2/13/14. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk, Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, current list of medications do include an NSAID (anaprox). However, the treater does not provide GI assessment to warrant a prophylactic use of a PPI. There is no documentation on the reports as to how the patient is doing with the PPI, and its efficacy. The patient has been taking a PPI for more than 6 months, and the treater does not discuss why this medication should be continued. The request is not medically necessary.