

Case Number:	CM14-0203830		
Date Assigned:	12/16/2014	Date of Injury:	11/14/2013
Decision Date:	02/03/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/05/2014

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 Family Practice, 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:

69 yr. old female claimant sustained a work injury from 2/13/08-11/14/13 involving the neck, low back and both hands. She was diagnosed with cervical degenerative disc disease, lumbar sprain and hypertension. She had completed 27 sessions of physical therapy, 22 sessions of acupuncture and 14 sessions of chiropractic therapy. A progress note on 10/8/14 indicated the claimant had continued pain in the neck and back. She had tenderness and spasms in the paracervical and lumbar musculature. The physician requested continuation of Motrin and an additional 4 sessions of chiropractor therapy. The claimant had been on Motrin for several months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 600 mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients

with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Motrin for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Motrin is not medically necessary.

Continue Chiropractic evaluation and treatment once a week for four weeks to the neck and low back: 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 manual therapy Page(s): 58.

Decision rationale: According to the MTUS guidelines, Chiropractic therapy is considered manual therapy. It is recommended for chronic musculoskeletal pain. For Low back pain, therapeutic care is for 6 visits over 2 weeks with functional improvement up to a maximum of 18 visits over 8 weeks. In this case, the claimant had received 14 treatments. There was no documentation of the functional improvement obtained. The claimant also had adjunctive physical and acupuncture therapy. The therapeutic benefit of the modalities was not specified. As a result additional Chiropractor evaluation and treatment is not necessary.