

Case Number:	CM15-0016588		
Date Assigned:	02/04/2015	Date of Injury:	11/16/2009
Decision Date:	04/03/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old male, who sustained an industrial injury on November 16, 2009. The diagnosis is not provided. Treatment to date has included computed tomography scan revealed solid fusion at C3-C4 and C4-C5, C5-C6 is fusing and electromyogram. Currently, the injured worker complains of follow up appointment for computed tomography scan results. In a progress note dated November 26, 2014, there is not an examination reported. On January 2, 2015 Utilization Review non-certified a Voltaren gel one percent with two tubes, physical therapy two times six bilateral shoulders, chiropractic sessions one times eight lumbar, cervical and acupuncture one times eight sessions lumbar cervical, noting, Medical Treatment Utilization Schedule Guidelines and Official Disability Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% with 2 tubes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic, Anti-inflammatory medications Page(s): 111-113 and 22.

Decision rationale: This patient presents with bilateral shoulder pain, back pain, and neck pain. The treater has asked for VOLTAREN GEL 1% WITH 2 TUBES on 12/16/14. Regarding topical NSAIDS, MTUS states they are indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. The patient is currently working with restrictions, and is permanent and stationery. In this case, the patient has a chronic pain condition. MTUS recommends NSAIDS for short term symptomatic relief to treat peripheral joint arthritis and tendinitis, which this patient does not have. The treater does not indicate how this medication is to be used. The request IS NOT medically necessary.

Physical Therapy (bilateral shoulders): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: This patient presents with bilateral shoulder pain, neck pain, and back pain. The treater has asked for PHYSICAL THERAPY, BILATERAL SHOULDERS on 12/16/14. The requesting progress report dated 12/16/14 further clarifies: "12 sessions of physical therapy as he does indicate therefore a flare-up of the symptoms." Prior physical therapy "the most recently from May of 2013" has helped him tremendously. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. The patient is currently working with restrictions, and is permanent and stationery. In this case, the patient has not had recent therapy and a short course of treatment may be reasonable for a flare-up, declined function or new injury. The treater does indicate that a "flare-up" of the shoulder pain has occurred recently. A short course of 8-10 sessions would be reasonable for this type of condition. However, the requested 12 sessions exceed what is allowed by MTUS for this type of condition. The request IS NOT medically necessary.

Chiropractic Sessions (lumbar, cervical): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

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

Decision rationale: This patient presents with bilateral shoulder pain, neck pain, and back pain. The treater has asked for CHIROPRACTIC SESSIONS, LUMBAR, CERVICAL on 12/16/14. The requesting progress report dated 12/16/14 further clarifies request: "one time a week for the

next eight weeks." The patient had chiropractic treatment for the cervical and lumbar spine most recently in May of 2013, which was "very beneficial for the patient." The 4/10/13 report requests 8 sessions of chiropractic treatment for a flare-up of back/neck pain, treatment which the patient had not had for a year. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. The patient is currently working with restrictions, and is permanent and stationery. In this case, the patient has not had recent chiropractic treatment. A course of 8 sessions for the neck/back proved effective more than a year ago. In this case, the treater is requesting a course of chiropractic treatment once a week for 8 weeks. For flare-ups, however, MTUS recommends 1-2 visits every 4-6 months for patients that are working. The request for 8 chiropractic treatments once a week for 8 weeks exceeds what MTUS guidelines recommend. The request IS NOT medically necessary.

Acupuncture Sessions (lumbar, cervical): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient presents with bilateral shoulder pain, neck pain, and back pain. The treater has asked for ACUPUNCTURE SESSIONS, LUMBAR, CERVICAL on 12/16/14. The utilization review letter dated 1/2/15 clarifies request: "1 x 8." Prior acupuncture of unspecified sessions has "helped him tremendously" per 12/16/14 report. MTUS acupuncture guidelines allow 3-6 sessions of trial before additional treatment sessions are allowed. The patient is currently working with restrictions, and is permanent and stationery. In this case, the patient has had unspecified amount of acupuncture treatments. For additional treatments, functional improvement as defined by labor code 9792.20(e) as significant change in ADL's, or change in work status, AND reduced dependence on medical treatments must be documented. Given the lack of such documentation following prior acupuncture, the request IS NOT medically necessary.