

Case Number:	CM15-0140079		
Date Assigned:	07/29/2015	Date of Injury:	10/07/2014
Decision Date:	08/26/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/20/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 48-year-old man sustained an industrial injury on 10-7-2014. The mechanism of injury is not detailed. Diagnoses include shoulder and upper arm sprain/strain and gastritis. Treatment has included oral medications. Physician notes on a doctor's first report of occupational injury or illness dated 6-18-2015 indicate complaints of pain to the right shoulder, right clavicle, and upper back. Today's complaints include right shoulder pain rated 9 out of 10. Recommendations include right shoulder pain, acupuncture, Cyclobenzaprine, Ibuprofen, Pantoprazole, two topical creams, interferential unit, internal medicine consultation, psychologist consultation, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The injured worker sustained a work related injury on 10-7-2014. The medical records provided indicate the diagnosis of shoulder and upper arm sprain/strain and gastritis. Treatment has included oral medications. The medical records provided for review do not indicate a medical necessity for Cyclobenzaprine 5mg #30. Cyclobenzaprine is a muscle relaxant. The MTUS recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. There is no evidence from the records reviewed that the injured worker is being treated for exacerbation of chronic low back pain.

Acupuncture 3x2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker sustained a work related injury on 10-7-2014. The medical records provided indicate the diagnosis of shoulder and upper arm sprain/strain and gastritis. Treatment has included oral medications. The medical records provided for review do not indicate a medical necessity for Acupuncture 3x2. The medical record indicates this case does not meet MTUS guidelines criteria for acupuncture. These are 1. Acupuncture is used as an option when pain medication is reduced or not tolerated. 2. As an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery.

Interferential Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrotherapy Page(s): 118-120.

Decision rationale: The injured worker sustained a work related injury on 10-7-2014. The medical records provided indicate the diagnosis of shoulder and upper arm sprain/strain and gastritis. Treatment has included oral medications. The medical records provided for review do not indicate a medical necessity for Interferential Unit. The MTUS does not recommend Interferential Unit treatment as an isolated intervention due to lack of quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. There was no mention of work or activity status, neither was there any mention of exercise or physical therapy.