MAXIMUS Federal Services

Case Number:	CM15-0163374		
Date Assigned:	08/31/2015	Date of Injury:	12/17/2013
Decision Date:	10/13/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/20/2015

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: Pennsylvania, Ohio, 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:

This is a 53-year-old male who sustained an industrial injury on 12-17-2013 due to a fall. Diagnoses include cervical spine sprain, strain, discogenic spondylosis at C5-C6; left shoulder sprain, strain with I.S. status post open and arthroscopic surgery; right shoulder sprain, strain; and stress, anxiety and sleep disturbances. Treatment to date has included medications, physical therapy, chiropractic treatment, home exercise and modified activity. According to the progress report dated 7-13-2015, the IW (injured worker) reported cervical spine pain, 6 out of 10, with radiation to the bilateral trapezius muscles and shoulders; left shoulder pain, 4 out of 10; right shoulder pain, 4 to 5 out of 10, with increased mobility after chiropractic treatment. The IW also complained of stress, anxiety and sleep disturbances. The IW was also noted to have three blood pressure readings that were above normal; the provider indicated this should be checked by an internal medicine provider due to no previous history of hypertension. On examination, mobility was mildly improved since the last exam. Pain intensity and frequency was noted as decreased, with decreased medication intake. No depressive or anxious behavior was observed. The IW had difficulty rising from the chair and was guarding the left shoulder. Tenderness was present in both shoulders and in the cervical and thoracic muscles. Hawkins test was positive in the left shoulder. The chiropractic progress report dated 7-20-2015 indicated the IW had full cervical range of motion (ROM) except in left and right rotation, which was 25 degrees; shoulder ROM was normal, bilaterally, except left internal and external rotation. Apprehension test was positive in the bilateral shoulders. A request was made for chiropractic treatment twice a week for three weeks for the cervical spine and the bilateral shoulders to decrease pain and increase mobility;

psychiatric/psychology consultation for stress, anxiety and sleep disturbances; Flurbiprofen-menthol-Capsaicin-camphor cream daily, #30 with 1 refill each for pain in the neck and shoulders; and internal assessment for medical cause of anxiety (the documentation supports the request may have been for internal medicine consultation for hypertension).

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2 x 3 for the Cervical Spine and the Bilateral Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: MTUS does not support chiropractic treatment in a maintenance situation. The current request would be considered maintenance therapy given the chronicity of the request and lack of a recent change in medical status. Therefore the request is not medically necessary.

Psychiatric/Psychology Consultation for Stress, Anxiety, and Sleep Disturbances: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

Decision rationale: Psychological evaluation is a well-accepted form of treatment for any patient with chronic pain and does not necessarily imply that there is a primary mental health diagnosis. MTUS states that psychological evaluation is widely recommended in chronic pain patients. A prior physician review concluded there was no specific indication to suggest a need for psychological treatment. Given the complexity and chronicity of this injury, the treatment guidelines thus do support the requested psychological evaluation. The request is medically necessary.

Internal Assessment for Medical Cause of Anxiety: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Consultation Page 127.

Decision rationale: ACOEM recommends obtaining a consultation from another provider when such a consultation may help in management of the case. A prior physician review concludes that internal medicine assessment for causes of anxiety is not medically necessary due to the lack of a documented internal medicine diagnosis; this is a circular argument since the request for internal medicine consultation is specifically because the treating physician feels the patient has been refractory to initial treatment and thus wishes to consider alternate possibilities. This request is supported by the treatment guidelines; the request is medically necessary.

Flurbiprofen, Menthol, Capsaicin, Camphor Cream QD #30 with 1 refill each: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. This request is not medically necessary.