

Case Number:	CM15-0168154		
Date Assigned:	09/08/2015	Date of Injury:	05/11/2015
Decision Date:	10/13/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old female sustained an industrial injury to the neck, back and left shoulder via motor vehicle accident on 5-11-15. Previous treatment included physical therapy and medications. In a PR-2 dated 8-6-15, the injured worker complained of an increase in overall pain. The injured worker complained of C7-T1 pain with radiation to the left upper extremity associated with headaches, rated 8 out of 10 on the visual analog scale. Physical exam was difficult to decipher. Current diagnoses included left shoulder strain, cervical spine sprain and strain, thoracic spine sprain and strain, cervicogenic headaches and cervical spine multilevel degenerative disc disease. The treatment plan included chiropractic therapy three times a week for four weeks, an ergonomic evaluation, a baseline functional capacity evaluation and a prescription for Ibuprofen. Utilization review noncertified requests for Ibuprofen, chiropractic therapy and baseline functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 400mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-73 Page(s): 68-73.

Decision rationale: The claimant sustained a work injury as the result of a motor vehicle accident in May 2015. When seen, there had been an overall increase in pain. She was having neck pain radiating into the left upper extremity with headaches. Pain was rated at 8/10. Physical examination findings included a BMI of nearly 27. Recommendations included chiropractic treatments. Prior treatments include physical therapy with improvement documented in May 2015 and a flare-up of symptoms in June 2015 and use of a TENS unit. Temporary total disability is being continued. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of ibuprofen ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the requested dosing of 400 mg #60 is not consistent with guideline recommendations and cannot be accepted as being medically necessary.

Chiropractic sessions (cervical, thoracic, left shoulder) 3 times a week for four weeks:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, p58 Page(s): 58.

Decision rationale: The claimant sustained a work injury as the result of a motor vehicle accident in May 2015. When seen, there had been an overall increase in pain. She was having neck pain radiating into the left upper extremity with headaches. Pain was rated at 8/10. Physical examination findings included a BMI of nearly 27. Recommendations included chiropractic treatments. Prior treatments include physical therapy with improvement documented in May 2015 and a flare-up of symptoms in June 2015 and use of a TENS unit. Temporary total disability is being continued. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over two weeks with further treatment considered if there is objective evidence of functional improvement and with a total of up to 18 visits over 6-8 weeks. In this case, the number of additional treatment sessions requested is in excess of the guideline recommendation and not medically necessary.

Baseline functional capacity evaluation: Upheld

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter7, p63-64.

Decision rationale: The claimant sustained a work injury as the result of a motor vehicle accident in May 2015. When seen, there had been an overall increase in pain. She was having neck pain radiating into the left upper extremity with headaches. Pain was rated at 8/10. Physical examination findings included a BMI of nearly 27. Recommendations included chiropractic treatments. Prior treatments include physical therapy with improvement documented in May 2015 and a flare-up of symptoms in June 2015 and use of a TENS unit. Temporary total disability is being continued. A Functional Capacity Evaluation is an option for select patients with chronic pain when a physician thinks the information might be helpful to attempt to objectify worker capability with respect to either a specific job or general job requirements. In this case, there is no return to work plan and the claimant has been referred for additional treatments. She is not considered at maximum medical improvement. A Functional Capacity Evaluation at this time is not medically necessary.