

Case Number:	CM15-0204958		
Date Assigned:	10/21/2015	Date of Injury:	04/27/2015
Decision Date:	12/03/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/19/2015

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 49 year old, male who sustained a work related injury on 4-27-15. A review of the medical records shows he is being treated for neck, left shoulder and low back pain. In the progress notes dated 9-8-15, the injured worker reports "some improvement" in left shoulder and low back after completing chiropractic treatments. He reports "improved function and pain has reduced" due to the chiropractic care. On physical exam dated 9-8-15, he has spasm present in the cervical paraspinal muscles. He has tenderness to palpation of the cervical paraspinal muscles. He has restricted cervical range of motion. He has tenderness to pressure over left shoulder joint. Left shoulder range of motion is restricted. He has a positive impingement sign in left shoulder. Treatments have included chiropractic treatments number of sessions, acupuncture, physical therapy, TENS unit therapy, and medication. Current medications include Ketoprofen Er. He is temporarily totally disabled. The treatment plan includes requests for a refill of Ketoprofen, for a cervical traction unit for home use and for chiropractic treatments. The Request for Authorization dated has requests for. In the Utilization Review dated 9-16-15, the requested treatments of chiropractic 3 x 4 to cervical spine, left shoulder and lumbar spine, a cervical traction unit for home use and Ketoprofen ER 200mg. #30 with refill of 1 are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3x wk x4 weeks for the cervical spine, left shoulder and lumbar spine: Upheld

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

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

Decision rationale: MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. It is unclear how many sessions have been completed to date. Submitted reports have not demonstrated clear specific functional benefit or change in chronic symptoms and clinical findings for this April 2015 injury. There are unchanged clinical findings and functional improvement in terms of decreased pharmacological dosing with pain relief, decreased medical utilization, increased ADLs or improved work/functional status from treatment already rendered by previous chiropractic care as the patient remained TTD status. Clinical exam remains unchanged without acute flare-up or new red-flag findings. It appears the patient has received an extensive conservative treatment trial; however, remains unchanged without functional restoration approach. The Chiropractic 3x wk x4 weeks for the cervical spine, left shoulder and lumbar spine is not medically necessary and appropriate.

Cervical traction unit for home use: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

Decision rationale: Per Treatment Guidelines for the upper back and neck, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. Per ODG, cervical traction is recommended for patients with radicular symptoms, in conjunction with a home exercise program, not seen here. In addition, there is limited documentation of efficacy of cervical traction beyond short-term pain reduction. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. Submitted reports have not demonstrated the indication or medical necessity for this traction unit. The Cervical traction unit for home use is not medically necessary and appropriate.

Ketoprofen Er 200mg capsule #30 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 Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDS functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for this injury nor have they demonstrated any functional efficacy in terms of improved work status, decreased VAS score level, specific increased in ADLs, decreased in pharmacological dosing or discontinuation of analgesics, and decreased in medical utilization derived from previous NSAID use. The Ketoprofen Er 200mg capsule #30 with 1 refill is not medically necessary and appropriate.