

Case Number:	CM15-0057169		
Date Assigned:	04/02/2015	Date of Injury:	05/11/2007
Decision Date:	06/11/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/25/2015

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 female who reported an injury on 05/11/2007 due to an unspecified mechanism of injury. On 02/20/2015, she presented for an evaluation of her work related injury. She reported a flare up of her pain in the right upper extremity, noted to be moderate to severe, and rated at a 7/10 to 8/10. On examination, she had hypersensitivity and swelling with moderate spasm. She also had 4/5 numbness. It should be noted that the documentation provided was handwritten and illegible. Her medications included Anaprox DS 550 mg, Prilosec 20 mg, Remeron 15 mg and Robaxin 750 mg. It was recommended that the injured worker continue with her medications and undergo chiropractic treatment, a psych consultation and an EMG and NCV of the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

Decision rationale: The California MTUS Guidelines indicate that NSAIDs are recommended for the short treatment of low back pain and osteoarthritis and tendinitis. The documentation provided does not show that the injured worker has had a quantitative decrease in pain or an objective improvement in function with this medication to support continuing its use. Also, further clarification is needed regarding how long the injured worker has been using this medication, as it is only recommended for short term treatment. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Prilosec 20 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI risks Page(s): 68-69.

Decision rationale: The California MTUS Guidelines indicate that proton pump inhibitors are recommended for the short term treatment of dyspepsia secondary to NSAID therapy and for those at high risk for gastrointestinal events due to NSAID therapy. The documentation provided does not show evidence that the injured worker has any of the required indications to support the medical necessity of a proton pump inhibitor. Also, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Chiropractic treatment; 6 visits (2x3), cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: The California MTUS Guidelines indicate that manual therapy and manipulation is recommended for a frequency of 1 to 2 times per week for the first 2 weeks as indicated by the severity of the condition and the treatment may continue at 1 treatment per week for the next 6 weeks. The documentation submitted fails to show that the injured worker has any functional deficits that would support the medical necessity of this request. Also, further clarification is needed regarding the injured worker's prior treatment history and whether or not she has undergone chiropractic therapy previously to address the same injury. Without this information, the request would not be supported. As such, the request is not medically necessary.

Psych consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 , page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that psychological consultations are indicated for those who display behaviors including depression, anxiety and irritability. The documentation submitted does not indicate that the injured worker has displayed depression, anxiety or irritability to support the medical necessity of this request. Therefore, the request is not supported. As such, the request is not medically necessary.

EMG/NCV, left upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California ACOEM Guidelines indicate unequivocal objective findings that identify specific nerve root compromise on the neurologic examination may be sufficient evidence to warrant imaging in those who do not respond to treatment and who consider surgery an option. EMGs and NCS may be performed to evaluate arm symptoms. The documentation provided does not indicate that the injured worker has any neurological deficits that would support the medical necessity of this request. Without this information, the request would not be supported. As such, the request is not medically necessary.