

Case Number:	CM14-0128943		
Date Assigned:	10/13/2014	Date of Injury:	05/04/1999
Decision Date:	11/12/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/13/2014

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. The expert reviewer is Board Certified in Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 52 year old male who was injured at work on 05/04/1999. He is reported to be experiencing persistent pain in his neck, low back and both shoulders. The physical examination was positive for limited range of movement of the cervical spine, tenderness in the neck, upper back and lower back. He has been diagnosed of Discogenic cervical condition with facet inflammation, shoulder girdle involvement, intermittent headaches, and bilateral radiculopathy; discogenic lumbar condition with facet inflammation with radiculopathy that has resolved; bilateral shoulder impingement with acromioclavicular joint inflammation and rotator cuff strain; Residual carpal tunnel syndrome on the left status post carpal tunnel procedure done in 2000-2001; Ulnar neuritis on the left, medial brachial plexus inflammation and possible Roos test bilaterally; Elements of insomnia, stress, and weight gain related to orthopedic surgeries for which clarification for coverage is requested. His treatments include Vicodin, Flexeril, Celebrex, Lansoprazole. At dispute are the request 12 chiropractic sessions, lumbar; CBC and BMP.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 chiropractic sessions, lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 59.

Decision rationale: The injured worker sustained a work related injury on 05/04/1999. The medical records provided indicate the diagnosis of Discogenic cervical condition with facet inflammation, shoulder girdle involvement, intermittent headaches, and bilateral radiculopathy; discogenic lumbar condition with facet inflammation with radiculopathy that has resolved; bilateral shoulder impingement with acromioclavicular joint inflammation and rotator cuff strain; Residual carpal tunnel syndrome on the left status post carpal tunnel procedure done in 2000-2001; Ulnar neuritis on the left, medial brachial plexus inflammation and possible Roos test bilaterally; Elements of insomnia, stress, and weight gain related to orthopedic surgeries for which clarification for coverage is requested. His treatments include Vicodin, Flexeril, Celebrex, Lansoprazole. The medical records provided for review do not indicate a medical necessity for 12 chiropractic sessions, lumbar. The MTUS recommends a trial of 6 visits over 2 weeks, and if beneficial to extend chiropractic care for a total of 18 visits. There is no indication the injured worker had been tried on chiropractic care and been found to have benefited from it. The requested treatment is not medically necessary.

CBC and BMP: 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 Page(s): 70.

Decision rationale: The injured worker sustained a work related injury on 05/04/1999. The medical records provided indicate the diagnosis of Discogenic cervical condition with facet inflammation, shoulder girdle involvement, intermittent headaches, and bilateral radiculopathy; discogenic lumbar condition with facet inflammation with radiculopathy that has resolved; bilateral shoulder impingement with acromioclavicular joint inflammation and rotator cuff strain; Residual carpal tunnel syndrome on the left status post carpal tunnel procedure done in 2000-2001; Ulnar neuritis on the left, medial brachial plexus inflammation and possible Roos test bilaterally; Elements of insomnia, stress, and weight gain related to orthopedic surgeries for which clarification for coverage is requested. His treatments include Vicodin, Flexeril, Celebrex, Lansoprazole. The medical records provided for review do not indicate a medical necessity for CBC and BMP. Although the MTUS recommends periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests) of patients on non-steroidal anti-inflammatory drugs, the records indicate the injured worker was recently cleared for surgery by a cardiologist. Since CBC and BMP are considered as routine preoperative laboratory tests, these must have been included in the tests the cardiologist based the clearance on. The requested test is not medically necessary.