

Case Number:	CM14-0139781		
Date Assigned:	09/08/2014	Date of Injury:	03/04/2013
Decision Date:	10/10/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/28/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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 51 year old female who reported an injury on 03/04/2013; the mechanism of injury was reportedly cumulative trauma. Diagnoses included neck strain, low back pain, and bilateral shoulder strain. Past treatments included acupuncture, chiropractic manipulation, physical therapy and medication. Diagnostic studies included an MRI of the lumbar spine, dated 02/16/2014, which indicated disc desiccation at L3-4 through L5-S1. An MRI of the cervical spine, completed on 02/16/2014, indicated disc desiccation at C2-C3 down to C5-C6; straightening of the normal cervical lordosis; focal central and right paracentral disc protrusion which causes stenosis of the spinal canal at C3-C4 and C4-C5; and focal central disc protrusion which causes stenosis of the spinal canal. An MRI of the left shoulder, completed on 02/16/2014, indicated supraspinatus and infraspinatus tendinosis, and subscapularis tendinosis versus interstitial partial tendon tear. An MRI of the right shoulder, completed on 02/16/2014, indicated supraspinatus partial tendon tear, infraspinatus tendinosis, subscapularis tendinosis or partial tendon tear, subacromial/subdeltoid bursitis, and AC joint osteoarthritis. Surgical history was not provided. The clinical note dated 07/09/2014 indicated the injured worker complained of 3/10 neck pain, 7/10 low back pain, and 3/10 bilateral shoulder pain, and stated that her current pain regimen was helpful in alleviating pain symptoms. Physical exam revealed tenderness at the bilateral C5-C6 and L4-L5 paravertebral muscle regions, and positive bilateral straight leg raise. Shoulder assessment revealed tenderness to palpation over the posterior rotator cuff region of both shoulders. Medications included Cartivisc, gabapentin, Naprosyn, Omeprazole, Tramadol, and trazodone. The treatment plan included pain management follow-up and Cartivisc x1. The rationale for treatment and the request for authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Follow Up: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office visits.

Decision rationale: The request for pain management follow-up is not medically necessary. The Official Disability Guidelines note the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The injured worker complained of 3/10 neck pain, 7/10 low back pain, and 3/10 bilateral shoulder pain, and stated that her medication regimen was helpful in alleviating pain symptoms. The rationale for the pain management follow-up was not provided and the injured worker's pain was being managed. Therefore the request for pain management follow-up is not medically necessary.

Med X1: Cartivisc: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Glucosamine (and Chondroitin Sulfate Page(s): 50.

Decision rationale: The request for Cartivisc x1 is not medically necessary. Cartivisc ingredients include glucosamine, methylsulfonylmeth, and chondroitin sulfate. The California MTUS guidelines indicate that glucosamine and chondroitin sulfate are recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. The injured worker complained of 3/10 neck pain, 7/10 low back pain, and 3/10 bilateral shoulder pain, and stated that her current medication regimen was helpful in alleviating pain symptoms. It is unclear how long the injured worker had been taking the requested medication. There is a lack of documentation demonstrating the injured worker has significant osteoarthritis to the knee. The request does not include indicators of quantity and frequency for taking the medication. Therefore the request for Cartivisc x1 is not medically necessary.