MAXIMUS Federal Services

Case Number:	CM14-0162668		
Date Assigned:	10/07/2014	Date of Injury:	05/24/2013
Decision Date:	11/07/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/03/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 48-year-old male who reported injury on 05/24/2013. The mechanism of injury was not submitted for review. The injured worker's diagnoses were left shoulder rotator cuff tendinitis, left shoulder impingement of the rotator cuff, cervical spine acute paraspinal muscle spasm, cervical spine sprain/strain and mild to moderate cervical facet arthrosis. Past medical treatment consists of physical therapy, acupuncture, chiropractic therapy and medication therapy. Medications consisted of Ultram, Anaprox and Prilosec. On 08/26/2013, the injured worker underwent an MRI of the cervical spine, which revealed: 2 mm central disc osteophyte complex, minimally indenting the vertical aspect of the thecal sac at C4-5; a 2 mm retrolisthesis secondary to degenerative disc disease, with minimal facet arthropathy, causing minimal central canal stenosis at C5-6; and a 1.3 mm disc bulge with preserved disc height, without significant central canal or neural foraminal stenosis at C6-7. On 08/04/2014, the injured worker complained of cervical neck and left shoulder pain. Upon physical examination the injured worker rated the pain at a 6/10. Examination of the cervical spine revealed tenderness to palpation over the left cervical trapezius ridge. There was facet tenderness in the neck. There was restricted range of motion mainly in lateral rotation to the left, as well as extension and forward flexion. There was pain elicited with axial compression. Examination of the left shoulder revealed forward flexion up to 125 degrees, abduction was 110 degrees. There was positive impingement sign. There was acromial clavicular joint and subacromial tenderness to palpation present. Motor strength to the rotator cuff appeared to be 5/5. Medical treatment plan is for the injured worker to continue with medication therapy, chiropractic therapy, and undergo facet block injections. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic treatment QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Chiropractic Page(s): 58.

Decision rationale: The request for additional chiropractic treatment QTY: 12 are not medically necessary. The California MTUS Guidelines state that chiropractic care for chronic pain that is caused musculoskeletal conditions is recommended. The intended goal or effect of manual medicine is the achievement of positive symptomatic objective measurable gains and functional improvement that facilitate progression in a patient's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. The submitted documentation lacked any indication that the injured worker had significant objective functional improvement with prior therapy. Additionally, it was not reported in the submitted documentation as to how many complained chiropractic therapy sessions the injured worker has had to date. Furthermore, the provider failed to provide a rationale as to how additional chiropractic therapy would be beneficial to the injured worker. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request is not medically necessary.

Ultram 150mg ER QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Ongoing management Page(s): 82, 93, 94, 113; 78.

Decision rationale: The request for Ultram 150mg ER QTY: 60.00 are not medically necessary. The California MTUS states central analgesic drugs such as Ultram are reported to be effective in managing neuropathic pain and it is not recommended as a first line oral analgesic. The California MTUS recommend that there should be documentation of the 4 A's for ongoing monitoring including Analgesia, Activities of daily living, Adverse side effects and Aberrant drug taking behavior. An assessment documenting levels before, during and after medication administration should also be submitted for review. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that Ultram was helping with any functional deficits the injured worker might have had. There was also no indication of any adverse side effects the injured worker might be having with the medication. Additionally there were no drug screens or urinalysis submitted for review showing the compliance of the injured worker. Furthermore, the request as submitted did not indicate a frequency or duration of the

medication. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request is not medically necessary.

Prilosec 20mg QTY: 60:00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prilosec GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Prilosec 20mg QTY: 60:00 is not medically necessary. The California MTUS Guidelines recommend proton pump inhibitors for patients who are at risk for gastrointestinal events. The guidelines also state that proton pump inhibitors may be recommended to treat dyspepsia secondary to NSAID therapy. The addition of a proton pump inhibitors is also supported for patients taking NSAID medications who have cardiovascular disease or significant risk factors for GI events. The injured worker was noted to be taking Anaprox 2 times a day. However, there was no documentation indicating that the injured worker had complaints of dyspepsia with the use of this medication, cardiovascular disease, or significant risk factors. In the absence of this documentation, the request is not supported by evidence based guidelines. Additionally, the request as submitted did not indicate a frequency or duration of the medication. As such, the request is not medically necessary.

C5, C6, C7 facet block injections bilaterally QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Criteria for Steroid Injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Facet diagnostic Block

Decision rationale: The request for C5, C6, and C7 facet block injections bilaterally QTY: 1.00 is not medically necessary. The California MTUS/ACOEM Guidelines state invasive techniques such as facet injections have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help injured workers presenting in the transitional phase between acute and chronic. The Official Disability Guidelines further state that criteria for the use of diagnostic block for the facet nerve pain include onset of diagnostic medial branch block with response of greater than or equal to 70% of pain reduction for approximately 2 hours and is limited to injured workers with cervical pain that is non radicular and at no more than 2 levels bilaterally, documentation of failure of conservative treatment including medication, home exercise, physical therapy and NSAIDs, and a diagnostic block should not be performed in injured workers who have had previous fusion procedure at the planned injection level. The submitted documentation failed to mention any conservative treatment that had been effective or ineffective. Additionally, the request as

submitted was for facet block injections bilaterally at C5, C6 and C7, exceeding the recommended guidelines for 2 joint levels at 1 session. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request is not medically necessary.