

Case Number:	CM14-0089315		
Date Assigned:	07/23/2014	Date of Injury:	03/18/2013
Decision Date:	09/26/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/13/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 28 year old male was reportedly injured on March 18, 2013. The mechanism of injury is noted as tripping on a cable and landing on the right shoulder. The most recent progress note, dated April 12, 2014 indicates that there are ongoing complaints of shoulder pain the physical examination demonstrated negative compression test of the cervical spine, mild muscle spasms, paraspinal musculature, and right sided suprascapular and trapezius tenderness, cervical range of motion is decreased, Spurling's test is negative, right and left shoulders reveals tenderness in the bilateral shoulders, symmetric, range of motion, slightly decreased suprascapular strength on the right at 4+/5, and positive impingement tests, sensation, and reflexes are intact bilaterally. Diagnostic imaging studies included an MRI of the right shoulder, which was negative for pathology that explains the symptoms. The pain has since changed from glenohumeral joint pain, to the right sub scapular notch pain. The clinical findings are now consistent with the right suprascapular neuralgia. Electromyography and nerve conduction velocity (EMG/NCV) studies revealed borderline ulnar neuropathy and no supraclavicular neuropathy. Previous treatment has included chiropractic care, activity modifications, one session of acupuncture therapy is reported and medication management with Tylenol, and terocin cream. A request was made for eight sessions of cognitive behavioral therapy and acetaminophen quantity 120 tablets, with one refill and was not certified in the preauthorization process on May 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of Cognitive Behavioral Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy (CBT) guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 792.26 MTUS (Effective July 18, 2009) Page(s): 101 of 127.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) guidelines references cognitive behavioral therapy under psychological treatment, and the ODG cognitive behavioral therapy guidelines. The guidelines support a stepwise approach to this type of pain management, involving psychological intervention. Step two of this process includes a consultation with a psychologist to allow for screening and assessment. The Official Disability Guidelines (ODG) also noted. Evidence of a multidisciplinary evaluation should be provided. Additionally, the guidelines support this type of multidisciplinary pain management program, when previous methods of treating chronic pain were unsuccessful and there is an absence of other options likely to result in significant clinical improvement. There is no indication in the medical record that the claimant has been provided. The most fundamental of most conservative treatment programs, a course of physical therapy. While a reference to chiropractic care, is documented, when considering the multiple services that are provided under chiropractic care (i.e., manipulation versus active or passive physical modalities), and that the services received have not been disclosed, the medical record provides insufficient clinical data to support that an appropriate course of conservative measures to treat chronic pain have been provided, and failed, to substantiate the medical necessity of this recommendation for multidisciplinary pain management program. As such, this request is considered not medically necessary.

Acetaminophen 500mg, qty 120 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines .C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 67 of 127 Page(s): 67 OF 127.

Decision rationale: The medical record provides evidence that this medication is being used on a chronic basis for prolonged period of time. The record also documents chronic and persistent pain. There is no objective documentation of functional gains noted with the use of this medication. In the absence of documentation of a decrease in pain or functional improvement with the use of this medication on a chronic and ongoing basis, there would be no reason to anticipate an ongoing need for this medication, and as such, the refill for an additional 120 tablets would not be appropriate at the same time as the primary prescription. Therefore, one prescription for quantity 120 tablets would be appropriate and within guideline recommendations, but the refill for quantity 120 tablets, anticipating the need for ongoing/chronic use, would require documentation of objective functional gains with the medication. As such, the refill would not be medically necessary.

