

Case Number:	CM14-0099340		
Date Assigned:	09/12/2014	Date of Injury:	11/14/2013
Decision Date:	10/10/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/27/2014

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 Pain Medicine, and is licensed to practice in Oklahoma. 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 68-year-old male who reported an injury on 11/14/2013. The mechanism of injury was not provided. The documentation of 04/18/2014 revealed the injured worker had complaints of neck and low back pain. The injured worker indicated that the prescribed medications, acupuncture, and chiropractic treatment had been helpful in relieving symptoms. The injured worker had received 27 sessions of physiotherapy, 4 sessions of chiropractic treatment, and 5 acupuncture treatments. The injured worker's subjective complaints included neck pain, low back pain worsening with bending and lifting, sleep interruption, and difficulty falling asleep. The objective findings revealed that the injured worker had point tenderness over the cervicothoracic junction without spasm. The examination of the lumbosacral spine revealed tenderness over the right paralumbar muscles without spasm. The neurologic examination revealed 5/5 motor strength. There was hyperesthesia of the fingers of both hands. The diagnoses included cervical spine and lumbar spine sprain/strain. Conservative treatment included acupuncture to the neck and low back 2 times a week x4 weeks, Motrin 600 mg twice a day for pain with food, and Omeprazole twice a day. Additional treatments included continuation of chiropractic treatments to the neck and low back once a week x4 weeks, and exercise at home. It additionally included a paraffin bath at home for pain symptoms of the hands and wrists. The bilateral hands examination revealed no clinical evidence of carpal tunnel syndrome. There was numbness of the fingers. Additional diagnoses included rule out bilateral carpal tunnel syndrome. The prior diagnostic studies were noted to include x-rays of the cervical spine, lumbosacral spine, and bilateral hands. X-rays of the hands revealed early degenerative changes of the metacarpal phalangeal and interphalangeal joints bilaterally. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg #60: Upheld

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

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

Decision rationale: The California MTUS Guidelines indicate that NSAIDs are recommended for the short term symptomatic relief of low back pain. It is recommended the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual injured worker treatment goals. The clinical documentation submitted for review indicated the injured worker had utilized the medication. There was a lack of documentation indicating the duration of use. There was a lack of documentation of an objective decrease in pain and objective improvement in function. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Naprosyn 500mg #60 is not medically necessary.

Continued physical therapy, 8 visits - neck and low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The California MTUS Guidelines recommend physical therapy medicine treatment for myalgia and myositis for a maximum of 10 visits. The clinical documentation submitted for review indicated the injured worker had utilized 27 visits of physiotherapy. There was a lack of documentation of objective functional benefit and objective functional deficits to support the necessity for continued therapy. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for continued physical therapy, 8 visits - neck and low back is not medically necessary.

Continue Chiropractic evaluation and treatment - 4 sessions - neck and low back: 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 Manual Therapy Page(s): 58, 59.

Decision rationale: The California MTUS Guidelines indicate that manual therapy recommended for chronic pain if it is caused by musculoskeletal conditions. For low back pain, therapy is recommended initially for a therapeutic trial of 6 sessions and with objective functional improvement, a total of up to 18 visits. The clinical documentation submitted for review indicated the injured worker had utilized 4 sessions of chiropractic treatment from the facility requesting intervention. However, there was a lack of documentation of objective functional benefit that was received. The request as submitted was for evaluation and treatment. Treatment could not be decided on or supported without evaluation. Given the above and the lack of documentation of objective functional benefit that was received, the request for continue chiropractic evaluation and treatment - 4 sessions - neck and low back is not medically necessary.

Paraffin bath unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, Paraffin wax baths

Decision rationale: The Official Disability Guidelines indicate that paraffin wax bathes are recommended as an option for arthritic hands if it is used as an adjunct to a program of evidence based conservative care. The clinical documentation submitted for review failed to indicate the injured worker would be utilizing the unit as an adjunct to conservative care. The request as submitted failed to indicate the duration of use, and whether the unit was for rental or purchase. Additionally, the request failed to indicate the body part to be treated. Given the above, the request for paraffin bath unit is not medically necessary.