

Case Number:	CM14-0210935		
Date Assigned:	12/23/2014	Date of Injury:	05/22/2007
Decision Date:	03/05/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 underlying date of injury in this case is 03/22/2007. The date of utilization review under appeal is 11/20/2014. The primary diagnosis is cervical disc degeneration. On 09/25/2014 the patient was seen in primary treating physician followup with a diagnosis of left C5-C6 foraminal stenosis, C7-C8 spondylolisthesis, bilateral lumbar disc injury, left shoulder pain, and right wrist/forearm pain. The primary treating physician saw the patient in followup in consultation and noted that the patient had a remote history of left shoulder surgery, as well as low back pain and lower extremity symptoms of 5/10. Medications included hydrocodone, naproxen, and omeprazole. On examination the patient had diffuse tenderness and limited range of motion and atrophy of the left deltoid and also tenderness of the right forearm, greatest in the dorsal aspect. The treating physician planned to continue the requested chiropractic treatment of the cervical and thoracic spine 3 times per week for four weeks and then continue with a request for additional physical therapy to the left shoulder, continue with TENS and continue with hydrocodone, Naproxen, and Omeprazole. Urine toxicology was discussed as previously tested on 07/22/2014 and was consistent with the medications previously prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Vicodin 5/300mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Opioids Ongoing Management discussed the four A's of opioid management on page 78. The records do not clearly document functional improvement or goals and benefits to support ongoing opioid use in this case which is almost eight years old. Overall the records and guidelines do not support an indication for chronic opioid use. This request is not medically necessary.

12 Chiropractic Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on manual therapy and manipulation page 58 states that elective/maintenance care is not medically necessary. These guidelines recommend up to 2 visits every 4-6 months for flare-ups of symptoms. The guidelines do not support 12 chiropractic visits in this chronic setting. This request is not medically necessary.

1 urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on drug testing page 43 states that drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. This patient underwent unremarkable urine drug screen several months prior to the current request. Additionally opioids have been recommended for taper at this time. For these reasons, the records and guidelines do not support a rationale for additional urine drug screening at this time. This request is not medically necessary.