

Case Number:	CM15-0127659		
Date Assigned:	07/14/2015	Date of Injury:	05/01/2013
Decision Date:	08/10/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/01/2015

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: California
Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 41 year old female with a May 1, 2013 date of injury. A progress note dated June 5, 2015 documents subjective complaints (ongoing left neck and shoulder pain rated at a level of 5-9/10), objective findings (tender left cervical paraspinal, trapezius; weakness of the left shoulder abduction and flexion; mild spasm of the left cervical paraspinals), and current diagnoses (left shoulder sprain/strain; adhesive capsulitis of the left shoulder; thoracic spine sprain/strain; cervical spine sprain/strain). Treatments to date have included imaging studies, medications, physical therapy, and home exercise. The treating physician documented a plan of care that included cervical medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen Tab 760mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Relafen Tab 760mg is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted". The injured worker has subjective complaints (ongoing left neck and shoulder pain rated at a level of 5-9/10), objective findings (tender left cervical paraspinal, trapezius; weakness of the left shoulder abduction and flexion; mild spasm of the left cervical paraspinals). The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Relafen Tab 760mg is not medically necessary.

Medial branch block to left C4-5 facet: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

Decision rationale: The requested Medial branch block to left C4-5 facet, is not medically necessary. CA MTUS is silent and Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: "Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels". The injured worker has subjective complaints (ongoing left neck and shoulder pain rated at a level of 5-9/10), objective findings (tender left cervical paraspinal, trapezius; weakness of the left shoulder abduction and flexion; mild spasm of the left cervical paraspinals). The treating physician has not documented exam or diagnostic evidence of facet arthropathy. The criteria noted above not having been met, Medial branch block to left C4-5 facet is not medically necessary.