

Case Number:	CM15-0176886		
Date Assigned:	09/17/2015	Date of Injury:	04/22/2002
Decision Date:	10/20/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year old female who sustained an industrial injury April 22, 2002. Past treatment included physical therapy, trigger point injections to the trapezius, and chiropractic treatment with deep tissue therapy. According to a primary treating physician's progress report dated August 14, 2015, the injured worker presented with complaints of increased pain over the posterior neck and left shoulder for the past several weeks. She also reports low back pain, rated 2-3 out of 10, with lower extremity weakness. Objective findings included; gait and station antalgic with difficulty getting up and down from the examining table; lumbar spine- full range of motion with discomfort, tender paralumbar with spasm; cervical spine- full range of motion with discomfort and tender paraspinal regions and bilateral trapezius spasm; sensation intact; able to heel toe walk and squat; straight leg raise negative bilaterally; left shoulder- tenderness over the posterior shoulder and left trapezius, range of motion full, impingement test negative; bilateral wrists-range of motion full, tenderness over bilateral dorsal wrists; positive bilateral Tinel's, positive bilateral Phalen's, positive bilateral wrist compression test and negative Finkelstein. Diagnoses are cervical spine sprain; lumbar spine sprain. Treatment plan included wrist braces, ice pack and then heat, and continue home exercise program. Return to work modified duty August 14, 2015. At issue, is the request for authorization for chiropractic treatment, and Flector patch. According to utilization review dated September 1, 2015, the request for ibuprofen 800mg Quantity: 60 is certified. The request for chiropractic treatment Quantity: 6 are non-certified. The request for Flector 1.3% Quantity: 150 are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The claimant has a remote history of a work injury occurring in April 2002 and continues to be treated for neck, low back, left shoulder, and bilateral wrist pain. When seen, she reported that chiropractic treatments with deep tissue therapy helped and she was requesting more treatment sessions. Physical examination findings included cervical and lumbar paraspinal tenderness without spasms. There was full range of motion with discomfort. There was left shoulder tenderness and pain with him abduction and flexion. Tinel's, Phalen's, and carpal compression testing was positive bilaterally. Ibuprofen and Flector were prescribed and she was referred for six chiropractic treatments. Chiropractic care was being provided as of 06/04/15 with the treatment note documenting that her condition had worsened. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over two weeks with further treatment considered if there is objective evidence of functional improvement and with a total of up to 18 visits over 6-8 weeks. In this case, there is no evidence of functional improvement with the treatments provided and the number and duration of prior chiropractic treatments is unknown. The request is not medically necessary.

Flector patch 1.3%, #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The claimant has a remote history of a work injury occurring in April 2002 and continues to be treated for neck, low back, left shoulder, and bilateral wrist pain. When seen, she reported that chiropractic treatments with deep tissue therapy helped and she was requesting more treatment sessions. Physical examination findings included cervical and lumbar paraspinal tenderness without spasms. There was full range of motion with discomfort. There was left shoulder tenderness and pain with him abduction and flexion. Tinel's, Phalen's, and carpal compression testing was positive bilaterally. Ibuprofen and Flector were prescribed and she was referred for six chiropractic treatments. Chiropractic care was being provided as of 06/04/15 with the treatment note documenting that her condition had worsened. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant is also taking ibuprofen, an oral NSAID, and prescribing a topical NSAID is duplicative. Additionally, if a topical NSAID were being considered, a trial of generic topical Diclofenac in a non-patch form would be indicated before consideration of use of a dermal-patch system. Flector is not recommended as a first-line treatment. Flector was not medically necessary.

