

Case Number:	CM15-0177363		
Date Assigned:	09/14/2015	Date of Injury:	08/11/2013
Decision Date:	10/20/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/09/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 52 year old male patient, who sustained an industrial injury on 8-11-2013. Diagnoses include cervical strain-sprain, bilateral shoulder strain and bilateral knee strain. Per the doctor's note dated 7/29/15, he had complaints of ongoing pain in the neck, back, and bilateral shoulder and bilateral knee pain. The physical examination revealed a positive impingement sign to right greater than left shoulder. The medications list includes anaprox, norco and tizanidine. He has had right shoulder MRI dated 5/30/15 which revealed 8-9 mm full thickness tear of supraspinatus at its footprint, delamination of the subscapularis at its insertion, degenerative changes of AC joint and tear of the labrum just behind the bicep. Other therapy done for this injury was not specified in the records provided. The appeal requested authorization of a lumbar brace, Interferential Unit, and Anaprox 550mg, one tablet twice a day, #60. The Utilization Review dated 8-21-15, denied the request indicating California MTUS Guidelines and Official Disability Guidelines state the requested treatments "are not recommended".

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Lumbar supports.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Work-Relatedness.

Decision rationale: Lumbar brace, Per the ACOEM guidelines there is no evidence for the effectiveness of lumbar supports Evidence of a recent lumbar fracture, spondylolisthesis, recent lumbar surgery or instability was not specified in the records provided. In addition, response to previous conservative therapy including physical therapy is not specified in the records provided. The medical necessity of Lumbar Brace is not fully established for this patient, therefore is not medically necessary.

Interferential unit: 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): Transcutaneous electrotherapy.

Decision rationale: Interferential unit, Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Per the cited guideline While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). There is no evidence of failure of conservative measures like physical therapy or pharmacotherapy for this patient. Evidence of diminished effectiveness of medications or intolerance to medications or history of substance abuse is not specified in the records provided. The medical necessity of Interferential unit is not fully established for this patient at this juncture, therefore is not medically necessary.

Anaprox 550mg BID #60: Overturned

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): Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Anaprox 550mg BID #60, Naproxen is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain. MTUS also states that Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume. According to the records provided patient has had pain in the neck, back, and bilateral shoulder and bilateral knee pain. Patient has objective findings on the physical examination- a positive impingement sign to right greater than left shoulder. NSAIDs are considered first line treatment for pain and inflammation. The request for Anaprox 550mg BID #60 is medically appropriate and necessary for this patient to use as prn to manage his chronic pain.