

Case Number:	CM15-0028628		
Date Assigned:	02/20/2015	Date of Injury:	06/11/2012
Decision Date:	04/01/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/17/2015

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: Ohio, North Carolina, Virginia
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:

The injured worker is a 41-year-old male, with a reported date of injury of 06/11/2012. The diagnoses include bilateral shoulder rotator cuff impingement, status post right shoulder arthroscopic decompressive surgery, residual right biceps tendinitis with glenohumeral instability, cervical sprain/strain, thoracic spine sprain/strain, and lumbar spine sprain/strain. Treatments included chiropractic treatment, physical therapy, oral medications, and ultrasound-guided right shoulder bicipital groove injection on 01/26/2015. The progress report dated 01/26/2015 indicates that the injured worker had ongoing right shoulder pain, and that there was increased pain to the right trapezius. The injured worker also complained of increased cervical spine pain, lumbar spine pain, and left shoulder pain secondary to favoring the right shoulder. The objective findings included tenderness to palpation of the right shoulder trapezius, increased trigger point of the right trapezius, tenderness to palpation of the right biceps, and tenderness to palpation of the cervical spine. The treating physician requested eight chiropractic visits for the cervical and lumbar spines and Norco 10/325mg #60. On 02/10/2015, Utilization Review (UR) modified the request for eight chiropractic treatments and Norco 10/325mg #60, noting that documented improvements in pain and functional capacity that may justify further chiropractic visits; and continued tapering of Norco was recommended. The MTUS Chronic Pain Guidelines and the non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractor Treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Chiropractor, Neck & Upper Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Pain Chapter. Manipulation section.

Decision rationale: Manipulation is recommended for chronic pain if caused by musculoskeletal conditions, only when manipulation is specifically recommended by the provider in the plan of care. Recommended treatment parameters: a. Time to produce effect: 4 to 6 treatments. b. Frequency: 1 to 2 times per week for the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. c. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached MMI and maintenance treatments have been determined. Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Such care should be re-evaluated and documented on a monthly basis. Treatment beyond 4-6 visits should be documented with objective improvement in function. Palliative care should be reevaluated and documented at each treatment session. (Colorado, 2006) Injured workers with complicating factors may need more treatment, if documented by the treating physician. Number of Visits: Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. In this instance, it is clear that the injured worker has had a number of chiropractic treatments already. Chiropractic treatment notes have not been submitted for review. A note dated 8-14-2014 from an orthopedic surgeon noted that the injured worker obtained only 1 1/2 days of pain relief from chiropractic treatment but that in his opinion, the treatment actually caused trauma to his spine, which only worsened the pain. Because of a lack of documentation of functional improvement documentation from previous chiropractic treatment, 8 additional chiropractic treatments are not medically necessary.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Those prescribed opioids chronically require ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. In this instance, it appears the injured worker has been prescribed Norco 10/325 mg since at least 3-31-2014. The prescription of Norco appears to have been somewhat erratic without evidence of refills every month. However, the submitted documentation fails to reveal evidence of pain relief or functional improvement as a consequence of the Norco. Typical questions regarding opioids like Norco and pain relief include least pain, average pain, worst pain, time to onset of analgesia, and duration of analgesia from the medication. That line of questioning is notably absent from the submitted documentation. Consequently, Norco 10/325mg #60 is not medically necessary.