

Case Number:	CM15-0070245		
Date Assigned:	04/20/2015	Date of Injury:	12/15/2011
Decision Date:	05/22/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/14/2015

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: Internal 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:

The injured worker is a 42 year old female, who sustained an industrial injury on 12/15/2011. She reported neck pain, right shoulder pain, right hip and thigh pain after falling. Diagnoses have included right shoulder strain and cervical spine strain/sprain. Treatment to date has included injections and medication. According to the progress report dated 2/16/2015, the injured worker complained of right hip pain with associated weight bearing intolerance. Pain was rated 7-8/10. Physical exam of the right hip revealed tenderness to palpation and limited range of motion. Authorization was requested for chiropractic treatment for the right hip and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy for Right Hip Qty 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic treatment Page 30. Manual therapy & manipulation Page 58-60.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicate that if chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 6 visits should document objective improvement functional improvement. Manipulation is a passive treatment. MTUS treatment parameters indicate the time to produce effect is 4 to 6 treatments. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. The primary treating physician's report dated 11/19/14 documented the diagnosis of right hip lateral trochanteric bursitis, sprain, strain, and left hip lateral bursitis, sprain, strain. The primary treating physician's report dated 2/16/15 documented hip tenderness. Eight visits of chiropractic therapy for the right hip were requested. MTUS treatment parameters indicate the time to produce effect is 4 to 6 treatments. Therefore, the request exceeds MTUS treatment parameters, and is not supported by MTUS guidelines. Therefore, the request for chiropractic therapy is not medically necessary.

Neurontin 600 MG Qty 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page 18-19.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Gabapentin (Neurontin) is considered as a first-line treatment for neuropathic pain. Gabapentin should not be abruptly discontinued. The patient was injured during a slip and fall episode on 12/15/11, resulting in right shoulder, right hip, and cervical spine injuries. Past procedures include C6-7 epidural steroid injection, right C6 and C7 medial branch facet rhizotomy neurolysis, left C6 and C7 medial branch facet joint rhizotomy and neurolysis, and left C6-7 facet injection. Medical history includes cervical disc disease, cervical radiculopathy, right shoulder sprain and strain, lumbar spine sprain and strain, lumbar radiculopathy, left knee sprain and strain, and hip lateral sprain and strain. The primary treating physician's progress report dated 2/16/15 documented decreased neuropathic pain with the use of Gabapentin. Per MTUS, Gabapentin (Neurontin) is considered as a first-line treatment for neuropathic pain. Medical records documented neuropathic pain. The request for Gabapentin is supported by MTUS guidelines. Therefore, the request for Gabapentin is medically necessary.