

Case Number:	CM15-0076473		
Date Assigned:	05/28/2015	Date of Injury:	03/08/2010
Decision Date:	07/01/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/21/2015

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: Arizona, 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:

The injured worker (IW) is a 59-year-old female who sustained an industrial injury on 03/08/2010. Diagnoses include cervical pain/cervicalgia and pain in the wrist/forearm. Treatment to date has included medications, cervical fusion, activity modification, physical therapy and water aerobics. According to the PR2 dated 3/2/15, the IW reported continued pain in the neck and back rated 6/10 with medications. She claimed her medications were helpful with no side effects. On examination, the lumbar spine was tender at facet joints and range of motion was decreased. A request was made for myofascial release treatments for the cervical spine, which had been helpful in the past and Amoxicillin 500mg, #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial Release treatments for cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

Decision rationale: According to the guidelines, manual therapy is recommended. The treatment parameters are: a. Time to produce effect: 4 to 6 treatments. b. Frequency: 1 to 2 times per week 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 this case, the claimant did benefit from prior myofascial interventions. The amount of therapy completed and location of intervention was not noted. The amount of future treatments requested is not specified. Therefore, the requested treatment is not medically necessary.

Amoxicillin 500mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- infectious chapter and pg 6.

Decision rationale: According to the guidelines, Amoxicillin is recommended for infections and bites. The history did not mention any infection need for prophylaxis or trauma/surgery that would require antibiotics. The request for Amoxicillin is not justified and not medically necessary.