
Independent Medical Review Final Determination Letter

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[REDACTED]
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Dated: 1/17/2014

IMR Case Number:	CM13-0017183	Date of Injury:	10/10/2003
Claims Number:	[REDACTED]	UR Denial Date:	08/12/2013
Priority:	STANDARD	Application Received:	08/27/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
IBUPROFEN 800MG #120 X1; 8 CHIROPRACTIC SESSIONS			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in family medicine, and is licensed to practice in Texas. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 60-year-old who reported an injury on 10/01/2003 due to cumulative trauma causing numbness in his right leg. The patient was initially diagnosed with nerve impingement. The patient was conservatively treated with chiropractic care, acupuncture, and epidurals. The patient's chronic pain was managed with medications. The patient's most recent clinical evaluation indicated that the patient was having an increase in gastrointestinal symptoms related to medications. The patient was also having difficulty swallowing without a large amount of liquid. The patient's diagnoses included lumbar radiculitis and gastroesophageal reflux disease. The patient's treatment plan included chiropractic care and a consult with a gastrointestinal specialist.

IMR DECISION(S) AND RATIONALE(S)

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

1. ibuprofen, 800 mg, 120 count, is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) - GI (Gastrointestinal) Symptoms & Cardiovascular Risk Section, pages 68-69.

The Physician Reviewer's decision rationale: The clinical documentation submitted for review does indicate that the patient has pain that would require medication management; however, the patient has had an increase in gastrointestinal symptoms related to medication usage. The Chronic Pain Medical Treatment Guidelines states, "Treatment of dyspepsia secondary to NSAID therapy: stop the NSAID, switch to a different NSAID, or consider an H2 receptor antagonist or a proton pump inhibitor."

The clinical documentation submitted for review does indicate that the patient is already on a proton pump inhibitor and is still experiencing a significant increase in symptoms. The request for ibuprofen, 800 mg, 120 count, is not medically necessary or appropriate.

2. Eight chiropractic sessions is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Manual Therapy Section, page 58.

The Physician Reviewer's decision rationale: The clinical documentation submitted for review does indicate that the patient has pain deficits that may benefit from chiropractic care. The California Medical Treatment Utilization Schedule recommends a trial of 4 to 6 visits to establish the efficacy of this type of treatment. Additional chiropractic care should be based on objective functional improvement. The request as it is written exceeds this recommendation. The clinical documentation submitted for review does not provide any exceptional factors to support extending treatment beyond guideline recommendations. The request for eight chiropractic sessions is not medically necessary or appropriate.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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