

Case Number:	CM13-0009315		
Date Assigned:	06/06/2014	Date of Injury:	06/13/2002
Decision Date:	07/11/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/12/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53-year-old female who reported an injury on 11/16/2009. The injured worker's mechanism of injury is unknown. On 06/17/2013, the injured worker complained of significant amounts of pain, stiffness of the cervical/lumbar spine, bilateral upper and lower extremities. The injured worker stated she also had constant severe low back pain that radiated down the bilateral thigh, leg and foot. The injured worker had no measurable pain level documented. On physical examination the injured worker had significant amounts of pain and tenderness over the mid to low spine. The injured worker's range of motion was painful and restricted. The injured worker also had decreased sensation to light touch, bilateral upper extremities, cervical spine stiffness, cervical muscle spasm/tenderness with a constant headache. The injured worker had diagnoses of being post-operative cervical discectomy, which was performed 10/05/2010, cervical sprain/strain syndrome, depression, anxiety and diabetes, secondary to epidural injections. The injured worker's current medications include: Duragesic transdermal patch 50mcg #15 1 patch every 48 hours, Skelaxin 800mg #60 1 tablet 2 times a day, Ambien 10mg #30 1 tablet before bed, Wellbutrin SR 150mg #60 1 tablet 2 times a day, Norco 10/325 #60 1 tablet 2 times a day, Gabapentin 100mg #150 1 tablet 5 times a day, Fiorinal #120 1 tablet every 4-6 hours, Humalog mix 75/25 5 units with every meal and Lantus 12 units subcutaneous every day. The treatment plan was for Botox injections, 18 chiropractic sessions and 18 sessions of physical therapy. The rationale and request for authorization we not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX INJECTIONS FOR COMPLAINTS OF ONGOING NECK WITH CHRONIC HA'S: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botox Page(s): 25-26.

Decision rationale: The request for Botox injections for complaints of ongoing neck with chronic headaches is not medically necessary. The injured worker complained of ongoing pain and discomfort in the neck region and bilateral shoulder. The injured worker also stated that the pain radiated down to her bilateral forearm, hand and fingers. The injured worker also had constant severe low back pain that radiated to her thigh, leg and foot. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that Botox is not recommended for the following: Tension-type headache, migraines headache, fibromyositis, chronic neck pain, myofascial pain syndrome and trigger point injections. Guideline criteria have not been met. Botox injections have not been proven in regards of efficacy and safety. There is not enough reference showing the efficacy and safety of the requested treatment in the injured workers written reports. As such, the request for Botox injections for complaints of ongoing neck with chronic headaches is not medically necessary.

18 SESSIONS OF CHIRO TO THE NECK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: The request for 18 sessions of chiropractics to the neck is not medically necessary. The injured worker complained of ongoing pain and discomfort in the neck region and bilateral shoulder. The injured worker also stated that the pain radiated down to her bilateral forearm, hand and fingers. The injured worker also had constant severe low back pain that radiated to her thigh, leg and foot. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend chiropractic care as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The injured worker is noted to have continued neck pain. However, as shown above per MTUS the injured worker must first start the initial 6 visits over 2 weeks to allow for the demonstration of functional improvement and/or a decrease in pain. The request exceeds guideline recommendations for initial duration of care. Therefore, the request for 18 sessions of chiropractics to the neck is not medically necessary at this time.

18 SESSIONS OF PT TO THE NECK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for 18 sessions of physical therapy (PT) to the neck is not medically necessary. The injured worker complained of ongoing pain and discomfort in the neck region and bilateral shoulder. The injured worker also stated that the pain radiated down to her bilateral forearm, hand and fingers. The injured worker also had constant severe low back pain that radiated to her thigh, leg and foot. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The injured worker is expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There are no objective functional signs of improvement documented with the previous physical therapy. There was also lack of documentation indicating why continued therapy is needed and why an independent home exercise program would not be sufficient to address the remaining functional deficits. As such, the request for 18 sessions of physical therapy (PT) to the neck is not medically necessary.