

Case Number:	CM13-0013589		
Date Assigned:	09/26/2013	Date of Injury:	08/09/2002
Decision Date:	01/17/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/16/2013

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 Internal Medicine, Pulmonary Diseases, and is licensed to practice in California. 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. 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 patient is a 44-year-old female who reported an injury on 08/12/2002. The patient has a history of L5-S1 fusion. The patient also has ongoing neck and low back pain complaints. The patient has been receiving Botox injections for severe migraine headaches. The patient was noted to have 60 degrees of cervical flexion and 10 degrees of extension. The patient has cervical spine MRI findings of mild diffuse disc bulging at C3-4 and C4-5 with moderate diffuse disc bulging at C5-6 and C6-7. The patient has been previously treated with physical therapy, chiropractic care, acupuncture and injections. The current treatment plan is for physical therapy for the cervical spine and medication management with Vicodin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical spine 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA Medical Treatment Utilization Schedule Pain-Physical Medicine; Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), Work Loss Data Institute, ODG Treatment in Workers Compensation, 7th Edition, Treatment Index; Neck and Upper Back

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

Decision rationale: The California MTUS Guidelines recommend active therapeutic exercise for restoring flexibility, strength, endurance, function and/or range of motion. The documentation submitted for review fails to indicate that the patient has any significant functional deficits in the cervical spine to warrant 12 sessions of physical therapy. Furthermore, the requested 12 sessions of therapy would exceed California recommendations for the patient's diagnosis. The patient was also noted to have previously presented in formal physical therapy and should be capable of continuing to improve with a home exercise program. As such, the request is non-certified at this time.

Vicodin 3/300 mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab) Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: CA MTUS Guidelines state that "the 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The patient has been recommended for Vicodin. The patient has a history of chronic neck and low back pain as well as ongoing headaches. The patient has undergone multiple surgical interventions and has been unresponsive to alternative therapies including acupuncture, chiropractic care and physical therapy. The patient has not been utilizing Vicodin long-term and would benefit from the current prescription. As such, the request is certified.