

Case Number:	CM13-0016858		
Date Assigned:	11/06/2013	Date of Injury:	04/01/2008
Decision Date:	01/06/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/26/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois, Indiana, and 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.

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 64-year-old female who reported an injury on 04/01/2008. The patient is currently diagnosed with chronic cervical pain with radiculopathy, right shoulder tendinosis, status post right elbow surgery x2 and depression with anxiety. The patient was recently seen by [REDACTED] on 09/10/2013. Physical examination revealed spasm and tenderness of the cervical spine area with limited range of motion of the right shoulder. Recommendations included Tylenol No.4, and continuation of previously authorized physical therapy followed by home exercise activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions to the cervical spine.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy and Official Disability Guidelines (ODG) Neck & U.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Chapter Physical Therapy..

Decision rationale: California Chronic Pain Medical Treatment (MTUS) Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, range of motion, function, and can alleviate discomfort. MTUS guidelines allow for fading of treatment frequency from up to 3 visits per

week to 1 or less, plus active self-directed home physical medicine. Treatment for radiculitis, unspecified includes 8 to 10 visits over 4 weeks. The Official Disability Guidelines state, treatment for a neck sprain includes 10 visits over 8 weeks. A previous physical examination documented on 08/13/2013 revealed spasm, tenderness, and guarding in the paravertebral musculature of the cervical spine with decreased range of motion. Based on the clinical information received, the request for 12 physical therapy sessions to the cervical spine does not meet guideline criteria.

1 prescription for Lyrica 50 mg.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section Physical Therapy and Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

Decision rationale: California MTUS Guidelines state Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, and has been FDA approved for both indications. Antiepilepsy drugs are recommended for neuropathic pain. A previous note on 08/13/2013 indicated that the patient would be increasing the dosage to 100 mg twice per day to control symptoms. The patient continued to report high levels of pain with numbness and weakness despite the ongoing use of this medication. Therefore, continuation would not be considered as appropriate in this case. Additionally, the latest office visit note dated 09/10/2013, indicated that the patient was no longer utilizing this medication. The patient opted not to continue because of a lack of response. Based on the clinical information received and the California MTUS Guidelines, the request does not meet guideline criteria.