

Case Number:	CM13-0029790		
Date Assigned:	01/10/2014	Date of Injury:	01/06/2003
Decision Date:	03/27/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	09/27/2013

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 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. 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 51-year-old female who reported an injury on 01/06/2003. The mechanism of injury was not specifically stated. The patient is diagnosed with discogenic cervical condition, elements of sleep, dizziness and ringing in the ears, and weight gain. The patient was seen by [REDACTED] on 08/22/2013. The patient reported persistent neck pain with radiation and spasm. Physical examination only revealed tenderness along the cervical paraspinal muscles with positive facet loading maneuver. Treatment recommendations included 12 sessions of physical therapy as well as continuation of current medications including Vicodin ES, Soma, and Voltaren.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Twelve (12) sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Work Loss Data Institute (ODG) Guidelines- Neck and Upper Back (Acute & Chronic) and ODG Physical Therapy Guidelines

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

Decision rationale: California MTUS Guidelines state 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. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. There is no documentation of this patient's active participation in a home exercise program. The patient has completed an extensive amount of physical therapy to date. However, documentation of a previous course of physical therapy with treatment duration and efficacy was not provided for review. Therefore, ongoing treatment cannot be determined as medically appropriate. Additionally, the current request for 12 sessions of physical therapy exceeds guideline recommendations. Based on the clinical information received, the request is for Twelve (12) sessions of physical therapy is not medically necessary and appropriate.

Voltaren 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (NSAIDS) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. The patient does not maintain a diagnosis of osteoarthritis. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain, stiffness, and tightness. Documentation of a significant functional improvement following the ongoing use of this medication has not been provided. There is no evidence of long-term effectiveness for pain or function. Based on the clinical information received, the request for Voltaren 100mg #60 is not medically necessary and appropriate.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Soma should not be used for longer than 2 to 3 weeks. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain with spasm and stiffness. As guidelines do not recommend long-term use of this medication, the current request is not medically appropriate. Therefore, the request for Soma 350mg #90 is not medically necessary and appropriate.