MAXIMUS Federal Services

Case Number:	CM13-0036894		
Date Assigned:	12/13/2013	Date of Injury:	01/06/2003
Decision Date:	04/30/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/21/2013

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 Internal Medicine and Emergency Medicine, and is licensed to practice in Florida. 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 patient is a 41-year-old who injured her right shoulder at work on January 6, 2003. She subsequently suffered work related injuries to her neck and right wrist. On October 24, 2013 she was examined for her neck injury with ongoing neck pain. She was also noted to have vertigo and tinnitus. There was tenderness to palpation of the cervical spine but without a neurological deficit. Nerve conduction studies performed in 2012 showed evidence of entrapment of the wrist, not radiculopathy. An MRI of the cervical spine in 2004 revealed C5-6 discogenic disease. Previous treatment has included surgery for a torn labrum and rotator cuff. She has also received cortisone injections in her right shoulder with a 40-50% reduction in pain. A radiofrequency ablation was done in July 2013 and follow-up shoulder surgery was planned in 2014. The patient has undergone multiple physical therapy sessions in previous years including an unspecified number in 2012. The note states that the physical therapy had helped her, but there were no specific functional improvement measures documented. A September 2013 progress report noted that 2 sessions of physical therapy had been approved. She had also been on oral analgesics and muscle relaxants during the year. A Utilization Review determination was rendered on October 3, 2013 recommending non-certification of "six sessions of physical therapy and Soma 350mg, #90 with refill".

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX ADDITIONAL SESSIONS OF PHYSICAL THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 Chapter, Physical Therapy Section.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends physical therapy with fading of treatment frequency associated with "... active therapies at home as an extension of the treatment process in order to maintain improvement levels." Specifically, for neuralgia, neuritis, and radiculitis, eight to ten visits over four weeks. The Official Disability Guidelines (ODG) states that for neck strain, ten visits over eight weeks are recommended. For cervical disc disease and radiculopathy, ten to twelve visits over eight weeks. The patient has received an unspecified number of previous physical therapy sessions. An additional six sessions are requested, and two were authorized. Functional improvement must be clearly defined for additional physical therapy. The request for six additional physical therapy sessions is not medically necessary or appropriate.

SOMA 350MG, NINETY COUNT WITH REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29 and 63-66..

Decision rationale: Soma (carisoprodol) is a centrally acting antispasmotic muscle relaxant with the metabolite meprobamate, a schedule-IV controlled substance. The Medical Treatment Utilization Schedule states that carisoprodol is not recommended. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. It has interactions with other drugs including benzodiazepines, tramadol, and hydrocodone. It is associated withdrawal symptoms and is abused for the above mentioned effects. The request for Soma 350 mg, ninety count with refill, is not medically necessary or appropriate.