

Case Number:	CM13-0037979		
Date Assigned:	12/18/2013	Date of Injury:	10/02/2012
Decision Date:	02/25/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/24/2013

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 & Rehabilitation 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 62-year-old male who reported an injury on 10/02/2012. The patient is diagnosed with cervical spine strain, left shoulder impingement syndrome, and lumbar radiculopathy. The patient was seen by [REDACTED] on 12/10/2013. The patient reported significant improvement in neck and back symptoms following physical therapy. Physical examination revealed tenderness to palpation of the paravertebral muscles in the cervical spine, spasm, restricted range of motion, intact sensation and strength, tenderness to palpation of the lumbar paravertebral muscles with spasm, restricted range of motion, and intact sensation. Treatment recommendations included an additional course of physical therapy and continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy 3 x 4, neck, left extremity, left lower extremity and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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. As per the clinical documentation submitted, the patient has previously completed a course of physical therapy. Documentation of the previous course with total treatment duration and efficacy was not provided for review. The patient continues to report persistent pain despite ongoing treatment. There is no change in the patient's physical examination that would indicate functional improvement. Based on the clinical information received, the request is non-certified.

Capsaicin 0.1% cream: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ((ODG), Topical analgesics

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the clinical documentation submitted, there is no indication of a failure to respond to first line oral medication prior to initiation of a topical analgesic. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain, with no change in the patient's physical examination to indicate functional improvement. Based on the clinical information received, the request is non-certified.

Tramadol HCK 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed to respond to non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. The patient's physical examination does not indicate any significant changes. Therefore, the request is non-certified.