MAXIMUS Federal Services

Case Number:	CM13-0043360		
Date Assigned:	01/15/2014	Date of Injury:	03/25/2003
Decision Date:	04/22/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/23/2013

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 Physical Medicine and 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 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 claimant is a 45 year-old female sustained an injury on 3/25/03 while employed by [redacted]. Requests under consideration include for eighteen physical therapy sessions, and Ultracet 37.5mg #120 with one refill. The report dated 8/28/13 from the provider noted patient with neck pain described as improving, intermittent, and dull with associated weakness, paresthesias, and radiation to bilateral upper extremity. Exam noted mildly tender bilateral cervical paraspinals, reduced cervical spine flexion and rotation with full strength of musculature, ulnar nerve abduction weakness at 4/5 with normal sensation in the bilateral upper Final Determination Letter for IMR Case Number [redacted] and lower extremities. Diagnoses included cervical radiculopathy at bilateral C7, as well as left C5 and C6. The requests above were reviewed on 9/23/14 with the following determination: Physical therapy was partially-certified for 2 sessions, Ultracet partially-certified for quantity of #68 without refill for weaning, and conditionally non-certification of H-wave citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR EIGHTEEN PHYSICAL THERAPY SESSIONS:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, based on the medical records provided for review there is no clear measurable evidence of progress with the physical therapy treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. Additionally, there is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The employee has received more than the amount of therapy sessions recommended per the MTUS guidelines without demonstrated evidence of functional improvement to allow for additional therapy treatments. The request for eighteen physical therapy sessions is not medically necessary and appropriate.

PROSPECTIVE REQUEST FOR ULTRACET 37.5MG #120 WITH ONE REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. Additionally, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The request for Ultracet 37.5mg #120 with one refill is not medically necessary and appropriate.