

Case Number:	CM13-0050570		
Date Assigned:	12/27/2013	Date of Injury:	02/06/2009
Decision Date:	03/07/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/13/2013

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 Pain Management, 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 45 year old male with a date of injury of 02/06/2009. The listed diagnoses per [REDACTED] dated 11/01/2013 are: 1. Chronic neck pain 2. Status post left knee injury According to report dated 11/01/2013 by [REDACTED], patient presents with complaints of neck and left knee pain. Examination of the left knee showed medial joint pain and tenderness. "Varus test at 0 degrees, positive, Varus test at 30 degrees, positive." Examination of the cervical spine revealed paraspinal spasm and tenderness over greater occipital on the left. Painful range of motion (ROM) at left rotation and left lateral flexion was noted. Flexion, extension and lateral rotation was "mildly restricted". Report dated 09/11/2013 documents that patient has "moderate left lower neck pain radiating to left arm with numbness with intermittent exacerbation of his neck pain radiating to left hand." Treater is requesting 12 sessions of physical therapy for the cervical spine, x-ray of c-spine and Flexeril. ç

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to neck area including massage, electrical stimulation, traction times 12:
Upheld

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

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

Decision rationale: This patient presents with chronic neck and left knee pain. Treater in an appeal letter dated 11/15/2013 states "as a conservative means of preventing the surgery would be quite useful as is done in most cases for cervical radiculopathy." For physical therapy, MTUS guidelines recommends only 8-10 sessions for myalgia/neuritis type symptoms. It is unclear as to the exact number of physical therapy this patient has had as there are no PT progress notes. QME report dated 01/16/2013 documents that patient has had physical therapy in 2008 and 2009. However, recent reports dated 01/31/2013; 09/11/2013 and 11/01/2013 do not discuss physical therapy sessions. Given the lack of any formalized therapy in the recent past, a short course of therapy may be reasonable. However, the current request for 12 sessions exceeds what is recommended by MTUS. The requested 12 PT sessions are not medically necessary and recommendation is for denial.

X-Ray Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177,178.

Decision rationale: This patient presents with chronic neck and left knee pain. Treater in an appeal letter dated 11/15/2013 states "X-rays of the cervical spine are to update the patient's neck and cervical spine status." ACOEM guidelines on special studies for C-spine (p177,178) states radiography of the c-spine is not recommended except for indications including, "emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program, and clarification of the anatomy prior to an invasive procedure." QME report dated 01/16/2013 documents that patient had an MRI of the c-spine in 2009 that showed "moderate disc bulges and slight annular tears worse at C5-6 and C6-7 with attenuating and obliteration of the cerebrospinal fluid spaces and spinal cords flattening and minimal impingement worse at C5-6 ventrally and also at C6-7 with neural foraminal encroachment with spurring worse at the left." Furthermore, it would appear that the patient recently had an updated MRI as [REDACTED] states on 11/1/13 report that the patient had a "recent MRI done." When reading ODG guidelines addressing specific indications for X-rays, it recommends "first study" for chronic non-traumatic neck pain, or for post-operative evaluation for fusion status. The treater would like to update the patient's status with an X-ray, but X-rays are not required for an updated status addressing chronic pain. Recommendation is for denial. The requested X-rays of the cervical spine is not medically necessary and recommendation is for denial.

Flexeril 10 mg quantity of 30.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: This patient presents with chronic neck and left knee pain. Treater in an appeal letter dated 11/15/2013 argues that the Flexeril is included in the "future medical care" in AME dated 01/16/2013. "Future medical care was provided by [REDACTED] and the patient was suggested to continue with Norco and Flexeril with possible weaning schedule." MTUS guidelines pg 64 states Cyclobenzaprine is recommended for a short course of therapy. "Limited, mixed-evidence does not allow for a recommendation for chronic use." Medical records indicated patient has been taking this medication since 01/16/2013, possible longer as this is the earliest record provided for review. MTUS does not recommend long-term use of Flexeril. MTUS recommends using 3-4 days for acute spasms and no more than 2-3 weeks. The requested Flexeril is not medically necessary and recommendation is for denial.