

Case Number:	CM13-0051198		
Date Assigned:	12/27/2013	Date of Injury:	02/11/2012
Decision Date:	05/08/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/14/2013

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 Occupational Medicine 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 applicant is a represented employee who has filed a claim for chronic knee and neck pain with superimposed posttraumatic headaches associated with an industrial injury of February 11, 2012. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; unspecified amounts of physical therapy over the life of the claim, including at least 12 sessions through May 2013; and topical agents. In a July 12, 2013, progress note, the applicant is described as having neck pain, posttraumatic headaches, and muscle contraction headaches. It was stated that the applicant's headaches are under better control when he wears sunglasses and uses Topamax. The applicant also reports tingling about the hands and fingers with associated photophobia. The applicant is having difficulty concentrating and thinking. The applicant is on Topamax, Celebrex, Zanaflex, doxepin, Zofran, and Lidoderm. The applicant's work status was not mentioned on this date. In subsequent progress notes dated August 23, 2013, and September 30, 2013, the attending provider again notes that the applicant has ongoing issues with headaches, insomnia, and neck pain. It is stated that the applicant needs additional therapy as he is not permanent and stationary. The applicant's work status is not clearly detailed. In an earlier note of March 25, 2013, the applicant is described as totally temporarily disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY, 12 VISITS 2 TIMES PER WEEK FOR 6 WEEKS FOR THE CERVICAL SPINE: 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): 99.

Decision rationale: The 12-session course of therapy requested by the attending provider represents treatment in excess of the 9 to 10 session course recommended in the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts. In this case, the applicant has had prior therapy (at least 12 sessions). The applicant has failed to respond favorably to the same. The applicant has failed to return to work. The applicant remains on total temporary disability. The applicant remains highly reliant on multiple analgesic medications, including Topamax, Zanaflex, doxepin, Motrin, and Zofran. All the above, taken together, imply a lack of functional improvement as defined in the MTUS, despite completion of earlier physical therapy. Therefore, the requested additional physical therapy is not medically necessary or appropriate at this time.