

Case Number:	CM13-0053182		
Date Assigned:	01/15/2014	Date of Injury:	12/22/2004
Decision Date:	07/31/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/18/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in New York, New Jersey and Connecticut. 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 was injured on 12/22/04. The primary diagnosis is chronic neck and back pain. There is a request for prolotherapy injections along with cervical posture pump and physical therapy. She was diagnosed with chronic neck and back pain since 2004. There is myofascial and musculotendinous pain, spinal enthesopathy, central sensitization, Maigne's syndrome, somatic dysfunction, and spinal stenosis. She underwent numerous treatment interventions. Her medications include Hydrocodone and Methocarbamol. An MRI findings were noted in the chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 4 prolotherapeutic ligament/tendon or trigger point injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100.

Decision rationale: There are no specific guidelines and recommendations regarding prolotherapy injections in the various guidelines. The series of 4 prolotherapy ligament/tendon or trigger point injections are not warranted. As such, the request is not medically necessary.

Cervical posture pump for traction: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Suffering and The Restorations of Function chapter Page(s): 114.

Decision rationale: There are no specific guidelines and recommendations regarding prolotherapy injections in the various guidelines. The cervical posture pump for traction is not warranted. As such, the request is not medically necessary.

Physical therapy times 8 for cervical and lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Suffering and The Restorations of Function chapter Page(s): 114.

Decision rationale: There is no acute radiculopathy and this is not a recommended modality. It is a questionable utility and particularly in view of her MRI findings, it can potentially be harmful. She had a prolonged course of physical therapy and other treatment interventions. At this stage, she should be able to perform home exercise program and life style modification. The structured physical therapy is not going to be curative. The guidelines have been indicated by the treating physician notes. As such, the request is not medically necessary.