

Case Number:	CM13-0053777		
Date Assigned:	12/30/2013	Date of Injury:	08/27/2009
Decision Date:	03/14/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/08/2013

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, has a subspecialty in Interventional Spine 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 progress report dated 10/10/2013 by [REDACTED] indicates that the patient's diagnoses include: (1) Cervical spine strain, exacerbation, (2) Bilateral wrist overuse syndrome. The patient continued with neck pain and tingling sensation in the bilateral upper extremities. The patient has recently undergone physical therapy sessions which have improved the tingling symptoms in his upper extremities; however, the neck pain persists. Exam findings included paravertebral muscle tenderness in the cervical spine. Spasm is present. Restricted range of motion. Examination of the hands showed tenderness to the first dorsal compartment, decreased grip strength bilaterally, and reduced sensation in the bilateral median nerve distribution. A request was made for the patient to continue with physical therapy and an additional 12 sessions of physical therapy was recommended. The patient was to continue medication for pain. A request for Ketoprofen 75 mg #30 and Orphenadrine ER 100 mg #60 was requested. Utilization review letter dated 11/08/2013 issued non-certification of these requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for physical therapy 3 x 4 for neck, bilateral upper extremities and hands:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient continues with cervical spine pain and associated tingling into the bilateral upper extremities. The records indicate the patient has recently undergone physical therapy. There are no physical therapy notes available for review; however, the previous reports from [REDACTED] appear to indicate there were 12 sessions of physical therapy requested on 07/18/2013. MTUS Guidelines, pages 98 and 99 regarding physical medicine, allow for fading of treatment frequency plus active self-directed home physical medicine. MTUS support 8 to 10 physical therapy visits for diagnosis such as neuralgia, neuritis, and radiculitis, unspecified. The requested 12 sessions of physical therapy exceeds the supported number of visits by MTUS Guidelines noted above. The patient has previously undergone physical therapy in the recent past which has provided the patient with some improved range of motion and decreased tingling in the upper extremities. The patient should have been transitioned to a home exercise program. Recommendation is for denial.

The request for Ketoprofen 75mg QD #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications and Medications for Chronic Pain Page(s): 22, 60 and 61.

Decision rationale: The patient continues with neck pain and tingling in the bilateral upper extremities. MTUS Guidelines page 22 regarding antiinflammatory medications states that antiinflammatories are the traditional first line of treatment, to reduce pain, so activity and functional restoration can resume. I reviewed 6 progress reports dated between 04/18/2013 and 10/10/2013 by [REDACTED] which did not provide documentation of evaluation of the effect of pain relief in relationship to improvements in function and increased activity with the use of medications. MTUS page 60 and 61 regarding medications for chronic pain states that relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. The patient appears to continue with chronic pain and ongoing use of anti-inflammatory medication may be beneficial for this patient. However, without documentation of pain relief, relationship to improvements and function and increased activity, continued use of this medication could not be deemed medically necessary. Therefore, recommendation is for denial.

The request for Orphenadrine ER 100mg BID #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: The patient continues with neck pain, tingling and numbness in the upper extremities. MTUS Guidelines page 63 regarding muscle relaxants state that they are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The progress reports dated between 04/18/2013 and 08/15/2013 did not indicate which medications the patient was continued on; however, the 09/12/2013 and 10/13/2013 indicate the patient was prescribed the muscle relaxant in question. The guidelines noted above do not support long-term use of this medication. Therefore, recommendation is for denial.