

Case Number:	CM13-0056175		
Date Assigned:	12/30/2013	Date of Injury:	06/13/2013
Decision Date:	08/14/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/22/2013

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 Illinois. 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 injured worker is a 50-year-old male who reported an injury on 06/13/2013 due to a heavy lifting injury. On 04/17/2014, the injured worker presented with neck and left shoulder pain. Current medications include insulin, clonidine, lovastatin, Remeron, and Norco. Upon examination of the cervical spine, there was tenderness to the C5-6 spinous process and the rhomboid, trapezius, and supraspinatus bilaterally. There was also some spasm in the cervical spine paraspinal area. There was decreased sensation to the index finger and thumb on the left side, right posterior arm numbness and weakness of the left hand. Cervical range of motion values were 30 degrees of flexion, 45 degrees of extension, 20 degrees of right lateral bending, 20 degrees of left lateral bending, 50 degrees of right rotation, and 50 degrees of left rotation. There was a positive Spurling's to the left side. Diagnoses were C6 radiculopathy, C5-6 herniated nucleus pulposus, and possible brachial plexopathy. The provider recommended physical therapy twice a week for 6 weeks, Norco 10/325 mg, and a consultation with psychiatry for ongoing treatment. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWICE A WEEK FOR SIX WEEKS: Upheld

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

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

Decision rationale: The request for physical therapy twice a week for 6 weeks is not medically necessary. The Chronic Pain Medical Treatment Guidelines states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process and/or to maintain improvement levels. The guidelines allow for up to 10 visits of physical therapy for up to 4 weeks. There was lack of documentation indicating the injured workers prior course of therapy as well as efficacy of the prior therapy. Additionally, the amount of physical therapy visits that have already been completed was not provided. Injured workers are instructed and expected to continue active therapies at home, and there is no significant barrier to transitioning the injured worker to an independent home exercise program. The provider's request for physical therapy twice a week for 6 weeks exceeds the recommendation of the guidelines. Additionally, the provider's request does not indicate the site that the physical therapy was intended for. As such, the request is not medically necessary.

NORCO 10/325MG #120 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Norco 10/325 mg with a quantity of 120 and 2 refills is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of aberrant drug use behavior, and side effects. Additionally, the injured worker has been prescribed Norco since at least 04/2014, and the efficacy of the medication was not provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

CONSULTATION WITH PHYSIATRY FOR ONGOING TREATMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM GUIDELINES CHAPTER 7, PAGE 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Pain, Suffering, and the Restoration of Function Chapter 6, page 163.

Decision rationale: The request for consultation with psychiatry for ongoing treatment is not medically necessary. The California MTUS/ACOEM Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical disability, and permanent residual loss and/or examinee's fitness to return to work. The requesting physician did not include an adequate psychological assessment including quantifiable data in order to demonstrate significant deficits which would require therapy as well as establish a baseline to assess improvements during therapy. As such, the request is not medically necessary.