

<b>Case Number:</b>	CM13-0056200		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/26/2013
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 30 year old female who reported an injury on 03/26/2013. The mechanism of injury was noted to be a fall. The patient was noted to have undergone 12 sessions of physical therapy. The patient was noted to complain of right shoulder pain, right neck pain, right parascapular pain, and medial right upper arm and ulnar right forearm and 5th digit right hand pain, numbness, and paresthesias. The patient complained of right low back pain with right lateral thigh and anterior lower leg and dorsal right foot numbness and paresthesias with numbness in the right lateral thigh. The patient's medications were noted to be Ibuprofen, Norco, Soma, and Flexeril. The patient was noted to have decreased range of motion of the cervical spine. The patient had tenderness to palpation of the paracervical, levator scapula, medial trapezius, and parascapular muscles. The patient had positive levator scapula and trapezius muscle spasms. The patient was positive for neck pain radiating to the levator scapula and trapezius muscles via the Spurling's sign. The patient's diagnoses were noted to include right shoulder impingement syndrome, right cervical strain with right upper extremity C8 radiculopathy, right low back strain with right lower extremity L5 lumbar radiculopathy, and sleep disturbance due to pain. The discussion and treatment were noted to include physical therapy 2 times a week times 4 weeks for the neck with cervical traction, hydrocodone 5 mg with acetaminophen #80, Soma when necessary for muscle spasm #60, ibuprofen 800 mg twice a day, Omeprazole, and recheck on 10/21/2013 as well as a request for a pain management consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two times a week for four weeks for the neck:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Physical Therapy

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

**Decision rationale:** California MTUS Guidelines indicate that physical medicine treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the patient had 12 prior visits of physical therapy. There was a lack of documentation indicating the patient's objective functional benefit that was received from prior therapy. There was a lack of documentation indicating the patient's remaining functional deficits to support ongoing therapy. Given the above, the request for physical therapy 2 times a week for 4 weeks for the neck is not medically necessary.

**Pain management consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition, page 127

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** California MTUS recommends the consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. The clinical documentation submitted for review failed to indicate the patient's pain had improved or had not improved on opioids. There was a lack of documented exceptional factors to support the necessity for a pain management consultation. Given the above, the request for pain management consultation is not medically necessary.