

Case Number:	CM13-0059396		
Date Assigned:	12/30/2013	Date of Injury:	06/03/2011
Decision Date:	05/06/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	12/02/2013

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 Orthopedic Surgery, and is licensed to practice in Georgia and Texas. 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 is a 61-year-old male with a date of injury of 6/3/11. The mechanism of injury was not provided for review. The injured worker presented on 9/13/13 for a pain medicine follow-up. The injured worker had undergone surgical intervention on 4/17/13 with a successful cervical fusion. The injured worker has completed 12 sessions of physical therapy to date and has continued utilization of an H-wave unit which was not very effective. Medications include Hydrocodone, 3-4 per day, along with omeprazole, and transdermal analgesic ointments. There was a plan to add gabapentin to the regimen. Objective findings on physical exam indicated no significant changes, and the injured worker's medications were reviewed and prescribed for the diagnoses. The injured worker was also counseled by the treating physician as to the benefits of the medications' potential side effects and risks. The injured worker acknowledged understanding and was agreeable. The diagnoses were chronic pain syndrome secondary to trauma, cervicodiscogenic disease, cervicgia sprain/strain, myofascial sprain/strain, left leg radiculitis, sleep disorder, lumbago sprain/strain, and status post anterior cervical discectomy and fusion at C5-6 and C6-7 on 4/17/13. The treatment plan was to utilize hydrocodone, 2-3 per day for breakthrough pain, along with laxatives, as well as Neurontyn, 300mg every 6-8 hours for neurogenic pain in light of decreasing the utilization of hydrocodone. Also, the plan was to continue with the omeprazole and transdermal analgesic ointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY TWICE A WEEK FOR SIX WEEKS FOR THE LEFT HAND: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Suffering, and the Restoration of Function (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6), page 114

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

Decision rationale: The California MTUS guidelines recommend active treatment versus passive modalities, as active treatment modalities are associated with substantially better clinical outcomes. The MTUS guidelines recommend 9 visits over 8 weeks. The documentation submitted for review failed to include an occupational therapy initial evaluation with treatment plan. There was also no information submitted indicating the injured worker's response to prior physical therapy. The request as submitted also exceeds guideline recommendations. As such, the request is non-certified.