

Case Number:	CM13-0062739		
Date Assigned:	12/30/2013	Date of Injury:	03/12/2012
Decision Date:	04/18/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/09/2013

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 patient reported an injury on 03/12/2012. The patient was reportedly injured as a result of cumulative trauma. The patient is diagnosed with cervical radiculopathy, shoulder region disorders, and acromioclavicular sprain and strain. A Request for Authorization was submitted by [REDACTED] on 11/27/2013. However, the most recent Primary Treating Physician's Progress Report submitted by [REDACTED] is documented on 10/07/2013. The patient reported ongoing neck pain with radiation to bilateral upper extremities. The patient was status post cervical epidural steroid injection. Physical examination revealed spasm, tenderness, guarding, decreased sensation, mild impingement of bilateral shoulders, and decreased range of motion of bilateral shoulders. Treatment recommendations at that time included a refill of current medications and work restrictions.

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 X 12: Upheld

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

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

Decision rationale: California MTUS Guidelines state 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. As per the documentation submitted, the patient does present with spasm, tenderness, and guarding of the cervical spine with a loss of motion. However, the current request for 12 sessions of physical therapy exceeds guideline recommendations. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

THE REQUEST FOR LIDOCAINE PATCHES: 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 Page(s): 111-113.

Decision rationale: California MTUS Guidelines state Lidocaine is indicated for neuropathic or localized peripheral pain after there has been evidence of a trial of a first-line therapy. As per the documentation submitted, the patient does present with spasm, tenderness, guarding, loss of motion, and decreased sensation. However, it is unknown whether the patient has continuously utilized this medication. There is also no documentation of a failure to respond to first-line therapy with tricyclic or SNRI antidepressants or an anticonvulsant. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

THE REQUEST FOR REFILL OF UNSPECIFIED MEDICATIONS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The specific name, dosage, frequency, and quantity of medication were not stated in the current request. Therefore, California MTUS Guidelines cannot be applied at this time. Without further documentation, the current request is non-certified.