

<b>Case Number:</b>	CM13-0063106		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/09/2011
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Occupational Medicine 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of May 9, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier cervical fusion surgery; unspecified amounts of physical therapy over the life of the claim; and extensive periods of time off of work. In a Utilization Review Report of November 26, 2013, the claims administrator denied a request for eight sessions of physical therapy. The claims administrator stated that the applicant had had 32 to 36 sessions of physical therapy following earlier cervical spine surgery on April 5, 2013. The prescription for Imitrex was reportedly denied. It was stated that the applicant apparently had severe headaches, nausea, and vomiting on November 15, 2013. Despite the symptoms suggestive of migrainous pathology, the claims administrator nevertheless denied the request. On an October 17, 2013, permanent and stationary report, the applicant was given a 32% whole-person impairment rating. On October 16, 2013, the applicant represented with persistent neck pain. The applicant was described on October 16, 2013 as exhibiting vocal cord paralysis and dysphonia following earlier cervical spine surgery. On July 23, 2013, the applicant was described as using a home TENS unit and unspecified medications while remaining off of work, and on total temporary disability. Multiple progress notes interspersed throughout the life of the claim suggested that the applicant was off of work, on total temporary disability, during large portions of the claim. In an October 15, 2013 progress note, the applicant was described as having severe headaches with nausea and vomiting, along with neck pain. The attending provider felt that this was suggestive of migrainous pathology.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EIGHT (8) ADDITIONAL POST-OPERATIVE PHYSICAL THERAPY SESSIONS FOR THE CERVICAL SPINE BETWEEN 10/15/2013 AND 2/13/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, NECK & UPPER BACK (ACUTE & CHRONIC).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION APPROACH TO CHRONIC PAIN MANAGEMENT

Page(s): 8.

**Decision rationale:** The applicant was outside of the six-month postsurgical physical medicine treatment period established in MTUS, following an earlier cervical fusion surgery on April 5, 2013. The Chronic Pain Medical Treatment Guidelines indicate that there must be an interval demonstration of functional improvement at various milestones in the treatment program, to justify continued treatment. In this case, the applicant had had thirty-two to thirty-six (32 to 36) sessions of physical therapy in 2013. There was no demonstration of functional improvement with the same. The applicant had in fact remained off of work, and was on total temporary disability. The applicant remained highly reliant on various medications and other forms of medical treatment. All of the above, taken together, imply that the applicant had reached a plateau with earlier physical therapy treatment over the life of the claim. Therefore, the request for additional physical therapy is not medically necessary.

**ONE (1) PRESCRIPTION OF IMITREX BETWEEN 10/15/2013 AND 2/13/2014:**

Overtured

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, HEAD (TRAUMA, HEADACHES, ETC., NOT INCLUDING STRESS & MENTAL DISORDERS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PHYSICIAN'S DESK REFERENCE (PDR), IMITREX MEDICATION GUIDE.

**Decision rationale:** As noted in the Physicians' Desk Reference (PDR), Imitrex or sumatriptan is recommended in the treatment of acute onset migraine attacks and/or acute treatment of cluster headaches. In this case, the attending provider noted that the applicant had issues with headaches, with attendant nausea and vomiting symptoms, highly suggestive of a migraine, on and around the date in question. Imitrex is/was indicated in the treatment of the applicant's ongoing issues with migraine headaches. Therefore, the original utilization review decision is overturned. The request is approved, on Independent Medical Review.

