

Case Number:	CM13-0068588		
Date Assigned:	01/03/2014	Date of Injury:	02/05/2009
Decision Date:	06/25/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/19/2013

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 has a subspecialty in Pain 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 injured worker is a 43-year-old female who reported an injury on 02/05/2009; the mechanism of injury was not provided. The clinical note dated 01/10/2014 noted that the injured worker presented with 7/10 back pain, residual numbness in the left lateral calf and the dorsum of the foot on the left side and neck pain. Upon lumbar exam, muscle spasms are palpable next to the spinous process with the injured worker relaxed and lying prone. Flexion and extension are limited due to pain in the lumbosacral region. There is noted diminished sensation to light touch and pinprick of the dorsum of the foot and the lateral border of the foot to the left as well as a positive Faber's to the left side. The diagnoses were intervertebral long disc myelopathy and lumbar decompression. Current medications include Percocet, ibuprofen and Wellbutrin. The Request for Authorization form was dated 12/10/2013. The provider's rationale was not included within 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:

12 PHYSICAL THERAPY SESSIONS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, ,

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

Decision rationale: The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function and range of motion and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete the specific task or exercise. The guidelines allow for up to 10 visits of physical therapy treatments. There was a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. The request for 12 physical therapy sessions exceeds the guideline limitations of 10 physical therapy visits. The frequency of the visits was not included in the request. As such, the request is non-certified. The request for 12 physical therapy sessions for the lumbar is not medically necessary.

1 BOTOX INJECTION TO THE NECK, LEFT SHOULDER, AND HEAD FOR MIGRAINES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Botulinum toxin (Botox, Myobloc), Page(s): 25.

Decision rationale: The California MTUS Guidelines state that current evidence does not support the use of Botox trigger point injections for myofascial pain. They are, however, recommended for cervical dystonia, a condition that is not generally related to Workers' Compensation and is characterized as a movement disorder of the nuchal muscles, characterized by tremor or tonic posturing of the head in a rotated, twisted or abnormally flexed or extended position or some combination of these positions. There is insufficient medical documentation included to suggest that the injured worker has cervical dystonia. Therefore, the request is non-certified. The request for 1 Botox injection to the neck, left shoulder and head for migraines is not medically necessary.

1 PLASMA RICH PROTEIN INJECTION TO THE LEFT SHOULDER: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Platelet-rich plasma (PRP)

Decision rationale: The Official Disability Guidelines state that PRP has become popular among professional athletes because it promises to enhance performance, but there is no science behind it yet. In a blinded, prospective, randomized trial of PRP versus placebo in injured

workers undergoing surgery to repair a torn rotator cuff, there was no difference in the pain relief or in function. The only thing that was significantly different was the time it took to do the repair. It was longer if they put PRP in the joint. There was also no difference in residual effects on MRI. Platelet rich plasma did not help injured workers recover from arthroscopic rotator cuff surgery in this study. Platelet rich fibrin matrix applied to the site of rotator cuff tendon repair does not improve healing; and in fact, it might impair it. Platelet rich plasma is not recommended. It is found to impair the healing process; therefore, it is not recommended. There is a lack of significant objective examination findings to support possible pathology that would warrant a plasma rich protein injection. The physical exam does not indicate left shoulder deficits. As such, the request is non-certified. The request for 1 plasma rich protein injection to the left shoulder is not medically necessary.