

Case Number:	CM13-0070384		
Date Assigned:	01/03/2014	Date of Injury:	04/03/2011
Decision Date:	04/24/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/24/2013

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 represented [REDACTED] employee who has filed the claim for chronic neck pain reportedly associated with an industrial injury of April 3, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy over the life of claim; prior lumbar laminectomy and fusion procedures; with subsequent hardware removal; muscle relaxants; electrodiagnostic testing of upper extremities of December 4, 2013 notable for bilateral carpal tunnel syndrome with left chronic C6 radiculopathy; and topical compounds. In a utilization review report of December 11, 2013, the claims administrator partially certified the request for eight sessions of physical therapy as six-session trial of physical therapy, denied a request for Ultram, and denied a request for an unspecified anti-inflammatory medication. It is incidentally noted that the claims administrator cited the misnumbered/mislabeled outdated 2007 MTUS 9792.20e section and also cited non-MTUS ODG Guidelines in some of its rationale. The applicant's attorney subsequently appealed. On October 4, 2013, the applicant's spine surgeon noted that the applicant had ongoing issues with low back pain status post prior fusion and subsequent hardware removal. It was stated that the applicant already knows how to do his home exercises in lieu of formal physical therapy. The applicant is asked to employ tramadol extended release and Flexeril for pain relief. Authorization was apparently sought for the same. A December 11, 2012 progress note is notable for comments for that the applicant was off of work, on total temporary disability, following an earlier L5-S1 fusion surgery done on October 31, 2012. A physical therapy progress note of February 1, 2013, was notable for the comments that the applicant had retired from his former occupation as a Police Officer and had undergone spine surgery on August 31, 2012. The applicant had had 11 sessions of postoperative physical therapy up through that point in time, it was stated. On May 19, 2013, the applicant was again

described as remaining off of work, on total temporary disability. A June 25, 2013 progress note was again notable for comments that the applicant was once again placed off of work, on total temporary disability. In a prescription form of August 22, 2013, the applicant's primary treating provider sought authorization for Naprosyn, Flexeril, Imitrex, Prilosec, Medrox, and tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anti-Inflammatory Medication: 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): 7.

Decision rationale: As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, the attending provider should tailor medications and dosages to the individual applicant. In this case, the attending provider has not specified the name of the anti-inflammatory medication in question, based on the information on file. It is not clearly stated whether this is a first time request for new anti-inflammatory medication or a renewal of previously used Naprosyn. Therefore, the request is not certified owing to lack of supporting information and owing to the imprecise nature of the request.

Ultram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: Based on an earlier progress notes interspersed throughout the file, this request appears to represent a renewal request for Ultram. Ultram is a synthetic opioid. As noted page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of the same. In this case, however, the applicant has failed to meet any of the aforementioned criteria. The applicant is off of work, on total temporary disability. The applicant has failed to achieve requisite reductions in pain scores and/or improvement in function as a result of ongoing Ultram usage. Therefore, the request is not certified, on independent medical review.

Physical Therapy for the Cervical Spine two times a week for eight weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Topic.

Decision rationale: The applicant has already had prior treatment (at least 11 sessions) over the life of the claim, seemingly well in excess with the 9- to 10-session course recommended on page 99 of MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of the various body parts. There has, however, been no demonstration of functional improvement which would support further treatment beyond the Guideline. The applicant is off of work, on total temporary disability. The applicant remains highly reliant on various medications and topical compounds such as tramadol, Naprosyn, Medrox, etc. An earlier note, furthermore, suggested that the applicant was capable of independently performing home exercises, effectively obviating the need for further formal physical therapy, as pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines state that the ultimate goal of physical therapy is to transition the applicant towards self-directed home physical medicine. For all the stated reasons, then, the request is not certified both owing to the fact that the applicant has apparently transitioned to a home-exercise program and owing to the fact that the applicant did not achieve any functional improvement with prior physical therapy as defined by the parameters established in MTUS 9792.20f. The request is not certified.