

Case Number:	CM14-0009279		
Date Assigned:	02/14/2014	Date of Injury:	01/30/2007
Decision Date:	07/18/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/23/2014

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 patient is a 57-year-old female who has submitted a claim for cervical myofascial pain, left splenius capitis and splenius cervicis myofascial pain, cervical neck pain, and paresthesias; associated with an industrial injury date of 01/30/2007. Medical records from 11/14/2013 to 01/23/2014 were reviewed and showed that patient complained of left neck and upper back pain, graded 5/10. She stopped physical therapy due to having repetitive headaches. Physical examination showed slightly decreased cervical lordosis. Tenderness over the splenius capitis and cervicis with taut bands along the splenius capitis and levator scapula were noted. Range of motion was normal. Motor testing was normal. Sensation was intact. Treatment to date has included physical therapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TO CERVICAL SPINE QUANTITY: 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Page(s): 48. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines.

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

Decision rationale: As stated on page 98 to 99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, the patient has had previous physical therapy. The medical records submitted for review failed to specify the number of sessions approved and attended. Furthermore, there is no objective evidence of functional improvement from the previous physical therapy. Therefore, the request for physical therapy to the cervical spine is not medically necessary.

VOLTAREN GEL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: According to page 112 of the California MTUS Chronic Pain Medical Treatment Guidelines, Voltaren Gel (diclofenac) is indicated for relief of osteoarthritic pain in joints that lend themselves to topical treatment such as the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of spine, hip, or shoulder. In this case, Voltaren Gel was being prescribed since November 2013. However, there was no documentation of continued functional benefit with this medication. There is no clear indication for continued use of this medication. Therefore, the request for Voltaren Gel is not medically necessary.