

Case Number:	CM14-0106099		
Date Assigned:	07/30/2014	Date of Injury:	05/08/2009
Decision Date:	08/29/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/09/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 57-year-old female who was reportedly injured on 5/8/2009. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated 6/2/2014, indicated that there were ongoing complaints of neck pain radiating into the upper extremities with numbness, tingling, and weakness. The physical examination demonstrated cervical spine positive spasm, tenderness, and guarding of the paravertebral muscles of the cervical spine with decreased range of motion. There was also documentation of decreased sensation with pain over bilateral C6 dermatomes. There were no recent diagnostic studies available for review. Previous treatment included status post-surgery a year ago, cervical epidural steroid injections, medications, and conservative treatment. A request was made for physical therapy #12 visits, opioid unspecified, and Lidoderm patch and was not certified in the pre-authorization process on 6/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 12 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), pages 98-99 of 127 Page(s): 98-99 OF 127.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines. Pages 98-99 of 127. The Expert Reviewer's decision rationale: California Medical Treatment Utilization Schedule guidelines state, "The use of physical therapy for the management of chronic pain specifically myalgia and radiculitis and recommend a maximum of 10 visits." The injured worker has multiple complaints of neck and upper extremity pain. Medical records failed to demonstrate an improvement in pain or function. The injured worker underwent previous physical therapy sessions status post right shoulder, however, the clinical documentation failed to support additional visits or specify which body part the treating physician was requesting. Therefore, the request is not considered medically necessary.

Opioid - unspecified (Retrospective): 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 : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), pages 74-78 of 127 Page(s): 74-78 OF 127.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines. Pages 74-78 of 127. The Expert Reviewer's decision rationale: After review of the medical records provided, the request for an unspecified amount of opioids, lacked the name and dosage, as well as the frequency and number to dispense. Therefore, this request is deemed not medically necessary.

Lidocaine Patches - unspecified (Retrospective): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), page 56 of 127 Page(s): 56 OF 127.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines. Pages 56 of 127. The Expert Reviewer's decision rationale: California Medical Treatment Utilization Schedule guidelines recommend, "The use of topical Lidocaine for individuals with neuropathic pain who have failed treatment with first-line therapy including antidepressants or anti-epileptic medications." The medical records failed to document a trial of first-line medications. As such, this request is not medically necessary.