

Case Number:	CM14-0117976		
Date Assigned:	08/06/2014	Date of Injury:	01/01/2013
Decision Date:	09/10/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/28/2014

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 has a subspecialty in Pain Management 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:

This is a patient with a date of injury of January 1, 2013. A utilization review determination dated July 8, 2014 recommends modified certification of physical therapy. The initial request was for 12 visits, modification was recommended to approve 6 visits. No certification was recommended for Terocin cream. A progress report dated June 19, 2014 identifies subjective complaints of ongoing neck pain. The note indicates that physical therapy was not prescribed. Physical examination revealed decreased range of motion in the cervical spine with decreased reflexes on the left compared with the right. There is also diminished sensation to light touch and pinprick on the medial aspect of his forearm out towards his thumb. A review of diagnostic studies identifies an EMG showing C5-6 radiculopathy on the left side with cervical disc disease at C4-C5 and C5-C6. Diagnoses include cervical discopathy and cervical radiculopathy. The treatment plan recommends physiotherapy twice weekly for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, cervical spine 2x a week for 8 weeks (16) of Initial therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface - Physical Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 13, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy.

Decision rationale: Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends a maximum of 12 physical therapy visits for the treatment of cervical intervertebral disc disease and cervical radiculitis. Within the documentation available for review, it appears the patient has not undergone physical therapy for the cervical spine. There are some objective treatment goals including reduction in pain and improvement in range of motion. However, guidelines recommend an initial trial of physical therapy with documentation of objective improvement, prior to continuing with a full course of therapy. Additionally, guidelines recommend a maximum of 12 physical therapy visits for this patient's diagnoses. The currently requested 16 visit exceeds the maximum number recommended by guidelines, and does not incorporate an initial trial to identify whether the physical therapy provides any objective functional improvement. In the absence of clarity regarding those issues, the currently requested physical therapy for the cervical spine is not medically necessary.

Terocin compound cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards or with the diminishing effect over another two-week period. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical lidocaine, guidelines the state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. Additionally, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. Finally, there is no indication that the patient has been intolerant to or did not

respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested Terocin is not medically necessary.