

Case Number:	CM14-0136680		
Date Assigned:	10/13/2014	Date of Injury:	02/22/2012
Decision Date:	12/03/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/25/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of February 22, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; muscle relaxants; Botox injections; topical agents; and the apparent imposition of permanent work restrictions. In a utilization review report dated July 22, 2014, the claims administrator failed to approve a request for 18 sessions of physical therapy for the cervical spine. The applicant's attorney subsequently appealed. In a December 2, 2013, progress note, the applicant was described as pending Botox injections for muscle spasms. The applicant was status post ultrasound-guided trigger point injections, it was noted. The applicant presented with myofascial pain syndrome and ongoing issues with neck pain, it was noted. The applicant's medication list was not clearly outlined. In a July 7, 2014, progress note, the applicant was asked to pursue anywhere from 8 to 18 sessions of physical therapy for "modalities" and "strengthening." In a progress note on the same day, July 7, 2014, the applicant again reported ongoing complaints of neck pain and myofascial pain. The applicant was given prescriptions for Flexeril, Voltaren, and Lidoderm patches. The applicant's work status was unchanged. The attending provider stated that he continued to advocate for additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3xwk x 6wks cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Neck & Upper Back: Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99 and 8.

Decision rationale: The 18-session course of treatment proposed, in and of itself represents treatment well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue seemingly present here. It is further noted that this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is seemingly off work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant remains dependent on various medications, including Flexeril, Voltaren, Lidoderm patches, etc., as well as interventional procedures such as Botox injections and ultrasound-guided trigger point injections. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS, despite earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.