

Case Number:	CM14-0163172		
Date Assigned:	10/08/2014	Date of Injury:	07/11/2012
Decision Date:	10/31/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/03/2014

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 Interventional Spine 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 27 year old female with an injury date of 07/11/12. Based on the 09/02/14 progress report provided by [REDACTED], the patient complains of neck and upper back pain rated 6-7/10 with numbness in her upper extremities and frequent headaches. She reports greater than 50% reduction in her pain with medications. Physical exam revealed range of motion to the cervical spine to be slightly to moderately restricted in all planes. Multiple myofascial trigger points were noted in the cervical paraspinal, trapezius, levator scapulae, scalene, infraspinatus, and thoracic paraspinal musculature. Her medications include Hydrocodone/APAP, Naproxen and Gabapentin. Treater states that patient is able to perform activities of daily living more than 50% of her time. There is no documented abuse, diversion or hoarding of Hydrocodone, and no evidence of illicit drug use. Urine screen is done on a periodic basis to monitor compliance. Patient has been released to work on modified duties. Home muscle stretching exercises and aquatic therapy 2 x 6 are included in treatment plan. Diagnosis 09/02/14- posttraumatic chronic daily headaches as well as vascular type headaches- chronic myofascial pain syndrome, cervicothoracic spine, moderate to severe- mild left C5 radiculopathy. The utilization review determination being challenged is dated 09/25/14. The rationale follows: 1) Hydrocodone/apap 2.5/325mg #180: "modified to #60" 2) Aquatic therapy 2 x 6: "not approved" [REDACTED] is the requesting provider, and he provided treatment report dated 09/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone / apap 2.5/325mg #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines use of opioidson-going management Page(s): 88 89 78.

Decision rationale: The patient presents with neck and upper back pain rated 6-7/10 with numbness in her upper extremities and frequent headaches. The request is for Hydrocodone/apap 2.5/325mg #180. Her diagnosis dated 09/02/14 includes chronic myofascial pain syndrome, cervicothoracic spine, moderate to severe and mild left C5 radiculopathy. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per progress report dated 09/02/14, treater states that patient is able to perform activities of daily living more than 50% of her time, and has been released to work on modified duties. There is no documented abuse, diversion or hoarding of Hydrocodone, and no evidence of illicit drug use. Urine screen is done on a periodic basis to monitor compliance. She reports greater than 50% reduction in her pain with medications. In this case, the 4As have been addressed, adequate documentations have been provided including numeric scales and functional measures that show significant improvement. Recommendation is for authorization.

Aquatic therapy 2x6: 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 aquatic therapy Physical Medicine Myalgia and myositis Page(s): 22 98 99 98 99.

Decision rationale: The patient presents with neck and upper back pain rated 6-7/10 with numbness in her upper extremities and frequent headaches. The request is for Aquatic therapy 2 x 6. Her diagnosis dated 09/02/14 includes chronic myofascial pain syndrome, cervicothoracic spine, moderate to severe and mild left C5 radiculopathy. MTUS page 22 has the following regarding aquatic therapy: "Recommended, as an alternative to land-based physical therapy. Specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine." MTUS pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits

are recommended."In this case, treater has not documented evidence for the patient's reduced weight bearing necessity, when compared to land based physical therapy; and there is no indication that patient presents with extreme obesity. Furthermore, the request for 12 sessions exceeds what is allowed by MTUS. The request does not meet guideline indications. Recommendation is for denial.