

Case Number:	CM14-0171224		
Date Assigned:	10/23/2014	Date of Injury:	04/23/2002
Decision Date:	12/04/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/16/2014

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 & Rehabilitation 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 underlying date of injury in this case is 04/23/2002. The date of the utilization review under appeal is 10/06/2014. The patient's diagnoses include a cervical disc protrusion with radiculopathy. On 08/05/2014, the patient was seen in follow-up regarding ongoing pain in the neck with radiation into the left upper extremity. The patient reported some improvement and was to begin a physical therapy program, although she noted her symptoms had not resolved. Spasm was noted in the bilateral trapezius, and the patient had paraspinal tenderness in the cervical spine as well. No specific neurological deficits were documented. The recommended treatment plan included continuation of physical therapy with ultrasound, massage, and therapeutic exercises as well as a re-request for an MRI of the cervical spine and also prescriptions for Motrin and Soma. An initial physician review noted among the conclusions that there was no documentation of functional improvement with the patient's medications and that the Motrin therefore was not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on anti-inflammatory medications, page 22, states that anti-inflammatories are the traditional first-line treatment to reduce pain so that activity and functional restoration can resume but that long-term use may not be warranted. An initial physician review concluded that functional improvement was not specifically documented from Motrin and therefore that continued use of this medication is not indicated. The treatment guidelines do discuss benefits versus risks of anti-inflammatory medications, which are discussed in the medical record in this case. These guidelines, however, do not specifically require documentation of functional improvement. Subjective improvement in pain is additionally an unacceptable goal or indication to continue with anti-inflammatory medication use. This request is supported by treatment guideline. This request is medically necessary.

Soma 350mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol/Soma Page(s): 29.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Carisoprodol/Soma, states that this medication is not indicated for long-term use and that abuse has been noted in order to augment or alter the effects of other drugs. The medical records do not provide an alternate rationale to support the use of this medication long term. This request is not medically necessary.

Physical therapy with ultrasound massage and therapeutic exercises for the cervical spine 3 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on physical medicine, page 99, recommends allowing for fading of treatment frequency and transition to an independent home rehabilitation program. In the current chronic time frame, the guidelines would therefore anticipate that the patient would be treated with an independent home rehabilitation program. The records do not provide an alternate rationale for an exception to this guideline. This request is not medically necessary.

Eight (8) Acupuncture sessions 2 times a week for 4 weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Medical Treatment Utilization Schedule Acupuncture Medical Treatment Guidelines section 24.1 recommends acupuncture as an option to hasten functional recovery. These records recommend up to 6 initial acupuncture treatments and an overall optimum duration of 1-2 months of treatment. It is not clear if this is an initial or recurrent acupuncture request. If this is an initial acupuncture request, then the request for 8 sessions exceeds the guidelines. If this is a request for additional acupuncture, the number of treatments also exceeds the guidelines and in addition the records do not document functional improvement from past acupuncture to support additional treatment. In either case, the guidelines have not been met. This request is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 192.

Decision rationale: ACOEM Guidelines Chapter 8 Neck, page 192, recommends MRI imaging of the cervical spine to validate the diagnosis of a nerve root compromise based on clear history and physical exam findings. The medical records contain very limited neurological physical examination details. Overall, the records do not provide a rationale or differential diagnosis to support an indication for a cervical MRI. This request is not medically necessary.