

Case Number:	CM14-0179983		
Date Assigned:	11/04/2014	Date of Injury:	06/07/2014
Decision Date:	12/26/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/29/2014

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:

Patient is a 51 year-old male with date of injury 0/07/2014. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/12/2014, lists subjective complaints as pain in the neck and right shoulder. Objective findings: Dynamic pain assessment showed painful motion in flexion, extension, lateral bending and rotation of the cervical spine. Range of motion was 75% of normal. No tenderness to palpation was noted on the paraspinal muscles, trapezius or rhomboids. Spasm was present in the cervical paraspinals. Spurling's maneuver was positive on the right. Motor strength, reflexes, and sensory exam were all normal for the bilateral upper extremities. Diagnosis: 1. Right cervical radiculopathy 2. Cervical disc disease 3. Right shoulder tendinitis/bursitis 4. Right shoulder impingement syndrome. Original reviewer modified request for physical therapy from 12 sessions to 4 sessions. The medical records supplied for review document that the patient was prescribed the following medication on 09/12/2014. Medications: 1.Soma 350mg, #60 TID

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical spine three times a week fro four weeks (12 total visits):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (updated 8/4/14), Physical therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement with the 4 visits previously authorized. Physical therapy for the cervical spine three times a week for four weeks (12 total visits) is not medically necessary.

Soma 350mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-6.

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

Decision rationale: The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. Soma 350mg, #60 is not medically necessary.