

Case Number:	CM14-0184883		
Date Assigned:	11/12/2014	Date of Injury:	06/19/2002
Decision Date:	12/30/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/05/2014

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 06/19/2002. The date of the utilization review under appeal is 10/23/2014. The diagnoses include neck pain status post cervical fusion, chronic pain syndrome, cervical radiculitis, and cervical discogenic pain. On 10/09/2014, the patient was seen in primary treating physician followup. The patient reported ongoing neck pain, mid back pain, and low back pain. The treating physician recommended trigger point injections. Additionally, the patient noted the medications were helpful and well tolerated, including naproxen. The treating physician noted the patient recently completed her six physical therapy appointments and stated that she was improving and noted the physical therapist recommended that the patient continue with therapy. A past physical therapy discharge note from prior physical therapy treatment as of 04/25/2014 indicated that the patient had completed training in a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg # 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability guidelines - Neck & upper Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 68.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications, state that anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume. A prior physician review states that anti-inflammatory medications are not recommended for long-term use. However, the guidelines do support long-term use if there is documentation of risk versus benefit, which is documented in this case. The medical records and guidelines do support this request. This request is medically necessary.

Physical Therapy for neck x 2/week x 4/weeks: 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 Physical Medicine Page(s): 63-64.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on physical medicine, recommend transition to an independent active home rehabilitation program. This patient did previously successfully attend physical therapy and transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time as to why additional supervised rather than independent rehabilitation would be indicated. The request is not medically necessary.