

Case Number:	CM14-0022117		
Date Assigned:	05/12/2014	Date of Injury:	08/21/2007
Decision Date:	07/10/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/21/2014

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 Neurological Surgery 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 records presented for review indicate this 52-year-old female was injured on August 21, 2007. The current diagnosis is listed as a sprain of the neck. No specific mechanism of injury is reported. It was noted in February 2014 that the request of physical therapy and medications were not certified in the preauthorization process. It is noted there are ongoing complaints of neck, thoracic and low back pain. There is involvement of the bilateral upper extremities and lower extremities. A home exercise protocol is being pursued. Past treatment has included epidural steroid injections. The progress note dated August 2013 noted ongoing complaints of neck and back pain with a reduced range of motion of each region of the spine. Additional epidural steroid injections were suggested. Subsequent to these injections, some improvement is noted in the lumbar spine. Pain management interventions were ongoing. The physical examination findings in December, 2013 noted tenderness in the cervical spine and lumbar spine and thoracic spine. No other findings are reported. At that time, a return to work with restrictions is noted. Additional physical therapy was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY WITH EMPHASIS ON: CORE STRENGTHENING, TRUNK STABILIZATION, NEUTRAL SPINE PROGRAM, SPINE REHAB AS WELL AS MYOFASCIAL RELEASE AND SOFT ISSUE EDEMA CONTROL 2 X 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

Decision rationale: The parameters for physical therapy are noted. Given the lack of specific functional losses identified or objectified in the progress notes, the date of injury and the interventions completed as well as the completion of a home exercise protocol as outlined in the notes, there is no clinical indication for any formal physical therapy protocol emphasizing trunk stabilization at this point. Therefore, based on the clinical information presented for review, this request is not clinically indicated under the American College of Occupational and Environmental Medicine Guidelines, and is not medically necessary.

NAPROXEN 500MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 72-73.

Decision rationale: The records reflect the injured worker has been taking this medication for a number of years. There is no data presented demonstrating the efficacy or utility of the ongoing use of this non-steroidal preparation as outlined by the Chronic Pain Medical Treatment Guidelines. The diagnosis list indicated a multiple soft tissue lesions. However, when noting the parameters listed in the guidelines limiting the use of non-steroidal shorter-term as possible tempered with the fact that there is no indication of any successful reduction in the pain complaints, there is no data presented to support this request. As such, this is not indicated as medically necessary.

CYCLOBENZAPRINE 10MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 48.

Decision rationale: When considering the date of injury, the injury sustained the ongoing complaints of pain and the lack of any noted efficacy there is no clinical data demonstrating the need for this medication. Furthermore, as outlined in the guidelines such medications are to be used for short-term only and there is no indication for indefinite chronic use. As such, there is insufficient clinical evidence presented to support this request.

6 PANEL URINE DRUG TESTING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 76-77.

Decision rationale: Urine drug screening is indicated if there is a chronic opioid being used and the injured worker is under suspicion of noncompliance as stated in the Chronic Pain Medical Treatment Guidelines. Therefore, when taking into account the progress notes reviewed, these criteria are noted. As such, there is no clinical indication to perform a urine drug screening at this time.