

Case Number:	CM14-0039712		
Date Assigned:	06/27/2014	Date of Injury:	02/05/2009
Decision Date:	07/28/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/04/2014

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 Pain Management, 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:

This is a patient with a date of injury of February 5, 2009. A utilization review determination dated March 12, 2014 recommends non-certification of Botox injections, PRP injection, and PT (physical therapy). March 5, 2014 medical report is somewhat illegible. It identifies neck and low back pain. On exam, there is cervical spasms and tenderness, lumbar positive SLR (straight leg raise) and spasms with tenderness, right shoulder limited ROM (range of motion).

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of botox injection: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 25-26.

Decision rationale: Regarding the request for series of botox injections, Chronic Pain Treatment Guidelines state that botulinum toxin is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Guidelines go on to state specifically that botulinum is, "not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections." Within the

documentation available for review, the patient is not noted to have a condition for which botulinum toxin injections are supported. The request for a series of botox injections is not medically necessary or appropriate.

Plasma rich protein injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Platelet-rich plasma (PRP).

Decision rationale: Regarding the request for PRP injection, California Medical Treatment Utilization Schedule (MTUS) does not address the issue. ODG cites that it is not recommended except in a research setting, as there is little published clinical evidence that proves its efficacy in treating the multitude of injuries/disorders that are thought to benefit from PRP. They also note that it is specifically not recommended for the low back and shoulder. The request for plasma rich protein injection is not medically necessary or appropriate.

Physical therapy sessions, #12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98-99.

Decision rationale: Regarding the request for twelve physical therapy sessions, the California MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous physical therapy sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the California MTUS supports only up to ten physical therapy sessions for this injury and, unfortunately, there is no provision for modification of the current request. The request for twelve physical therapy sessions is not medically necessary or appropriate.