

Case Number:	CM14-0040511		
Date Assigned:	06/20/2014	Date of Injury:	02/04/1988
Decision Date:	07/21/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/10/2014

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 Interventional Spine, 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 patient is a 61 year old with an injury date of 2/4/88. Based on the 2/11/14 progress report provided by [REDACTED] the diagnoses are scoliosis for which a Harrington rod was placed in 1980; herniated disk at L5-S1 which was not surgically treated in the 1980's; motor vehicle accident and class II fracture of the cervical spine in 1991; history of migraines following the accident; irritable bowel syndrome; insomnia; fibromyalgia; allergic rhinitis; cervical radiculopathy with chronic back, neck, shoulder pain; posterior subscapular cataract; low-grade nuchal epidermoid carcinoma of parotid gland which was surgically removed in 2007; hemorrhoidectomy in 1997; fissurectomy in 1997; cataract extractions in 2006 and 2002; ongoing treatment for depression; dyslipidemia; right breast biopsy in 2008; D&C, hysteroscopy, and removal of endometrial polyps in 2008; colonoscopy in 2008; and left upper lid ptosis and right upper lid dermatochalasia removed in 2001. Exam on 2/11/14 showed chronic muscular tenderness along the neck, trapezius muscle, upper back, lower back, and midback on palpation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0,5mg #45 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: Clonazepam is a benzodiazepine. The MTUS guidelines do not recommend this class of medications for chronic use. However, the medical records provided for review do not indicate that use of Clonazepam is to be used short term. As such, the request is not medically necessary.

Unknown Water Exercise at [REDACTED] 2 x week: Upheld

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

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

Decision rationale: The MTUS guidelines state that aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The guidelines allow for 8-10 sessions of physical therapy for various myalgias and neuralgias. The MTUS limits physical therapy to 10 sessions and this request is open ended with regard to the number of sessions. Open-ended requests cannot be recommended. As such, the request is not medically necessary.

Massage Therapy 15 sessions: Upheld

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

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

Decision rationale: The MTUS recommends massage therapy as an adjunct to other recommended treatment (e.g. exercise). Massage therapy is limited to 4-6 visits in most cases. In this case, the patient has received massage therapy on an ongoing basis, clearly exceeding the maximum of six recommended sessions. An additional 15 sessions would also be excessive. As such, the request is not medically necessary.

Unknown Acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines allow 3-6 sessions as a trial before additional treatment sessions are allowed. In this case, the primary treating physician

has asked for acupuncture, but the quantity of sessions is not specified. In addition, the medical records provided for review do not indicate functional improvement from prior acupuncture. As such, the request is not medically necessary.