

Case Number:	CM13-0071176		
Date Assigned:	01/08/2014	Date of Injury:	02/06/2007
Decision Date:	04/22/2015	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/26/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

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 injured worker (IW) is a 29 year old female who sustained an industrial injury on 02/06/2007. The injured worker's diagnosis as of 10/18/2013 was post op cervical fusion (12/21/2009), right upper arm radiculitis/ cervicogenic headaches, and an extension and re-exploration of cervical fusion (05/2013). Treatment to date has included cervical fusion /right upper extremity. Currently, the injured worker complains of pain in the cervical spine and cervicogenic headaches. The treatment plan is for pool therapy continuation for 12 sessions, and for Fioricet for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: The MTUS Chronic Pain Guidelines states that barbiturate-containing analgesic agents are not recommended for chronic pain as the potential for drug dependence, overuse, and rebound headache is high, and no evidence exists that shows clinically important efficacy. In the case of this worker, there was insufficient evidence found in the documentation to suggest this case is unique to warrant continued Fioricet. There was also no evidence to show benefit of this medication as it was being used. Therefore, the Fioricet will be considered not medically necessary.

Continue pool therapy for 12 sessions (2x6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, p. 22, AND Physical Medicine, pp. 98-99.

Decision rationale: The MTUS Chronic Pain Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. It is specifically recommended where reduced weight bearing is desirable, such as with extreme obesity. General physical medicine recommendations by the MTUS are 9-10 visits over 8 weeks for myalgia/myositis, 8-10 visits over 4 weeks for neuralgia/radiculitis, and 24 visits over 16 weeks for reflex sympathetic dystrophy (CRPS). In the case of this worker, who had already completed sufficient supervised aquatic therapy, there was no indication that she was unable to perform home/independent exercises at this point. Therefore, the continuation of supervised aquatic physical therapy is not medically necessary.