

Case Number:	CM14-0187947		
Date Assigned:	11/18/2014	Date of Injury:	02/16/2012
Decision Date:	01/06/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	11/11/2014

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 Occupational Medicine 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 individual is a 38 year old female who has developed chronic spinal pain subsequent to a motor vehicle accident on 2/16/12. She has moderate spondylosis of the cervical and lumbar spine without neurological compromise. In late 2013 she completed a 6-week comprehensive chronic pain program. She has been treated with facet rhizotomies that did not provide long term relief. Recently she completed 7 sessions of physical therapy without improvement. Continued spasm, tenderness and limited ROM (range of motion) are documented. Oral analgesics consist of Ultram, Soma and Norco. Significant depression is noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy low back and cervical spine x 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines- Online version, Integrated treatment/disability duration guidelines, Low Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: MTUS Guidelines recommend a limited number of physical therapy sessions for chronic musculoskeletal pain. For the condition that this patient has, a total of 8-10

sessions are considered adequate by the guidelines. She has just completed 7 sessions of physical therapy without much benefit and no documented follow through with a home based program. Prior to this, the 6-week chronic pain program would have had daily physical therapy and structured activities. The amount of prior therapy appears extensive and there are no unusual circumstances or success to support another extension that clearly exceeds guideline recommendations. The request is not medically necessary.

Deep Cervical fascia trigger point injections x 3 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: MTUS Guidelines present very specific standards that should be met to support the medical necessity of trigger point injections. One of these standards states that repeat injections (more than 1 set) are not recommended unless there is a 50% improvement in pain for at least 6 weeks with functional improvement. The request for an automatic series of 3 sets of injections is inconsistent with this guideline standard. Therefore, the request is not medically necessary.