

<b>Case Number:</b>	CM14-0193254		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	01/01/2001
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Anesthesiology, has a subspecialty in Acupuncture and Pain 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:

46y/o female injured worker with date of injury 7/8/08 with related neck pain. Per progress report dated 10/29/14, the injured worker reported increased neck pain and headaches. She rated her symptoms as severe. Per physical exam, there was full range of motion of the cervical spine, she had tenderness in the paracervical and trapezius muscles, she had some decreased sensation in the right deltoid region, she had some numbness in the first web space of the right hand along with the medial arm and medial forearm and middle finger. She had a painful arc of motion in both shoulders. Treatment to date has included physical therapy, home exercise program, trigger point injections, and medication management. The date of UR decision was 11/7/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times 6 to the bilateral shoulders:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical Therapy

**Decision rationale:** Per MTUS physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD 729.2): 8-10 visits over 4 weeks." The records submitted for review state that the injured worker has failed treatment with physical therapy in the past. Furthermore, the request is for more sessions than the recommended amount, as such the request is not medically necessary.

**Follow-up visit:** 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:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

**Decision rationale:** The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. As the requested physical therapy was not medically necessary, follow up visit is not medically necessary.

**Botox Injection to the neck:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin (Botox, Myobloc) Page(s): 25-26.

**Decision rationale:** With regard to Botox injection, the MTUS guidelines page 25 states: "Not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections." Review of the submitted documentation does not indicate that the injured worker suffers from cervical dystonia. The request is not medically necessary.