

Case Number:	CM15-0000281		
Date Assigned:	01/09/2015	Date of Injury:	01/28/1999
Decision Date:	03/12/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 52 year old female who sustained a work related injury January 28, 1999. The injury is noted as a cumulative trauma injury of the neck and upper back due to computer use. A progress note dated October 21, 2014, finds the injured worker presenting for follow-up and prescriptions. According to documentation she continues to use ice/heat for pain after work. She continues with home physical therapy and started walking, and pending authorization for scheduled physical therapy. Diagnoses are cervicgia and cervical radiculitis. Treatment includes medication review and prescription; work modification to no repetitive reaching above shoulder (90 degrees) or head with upper extremities, and continue activities as tolerated. According to utilization review performed December 29, 2014, the request for Norco 5/325mg #30 is authorized. The request for Outpatient Cervical Epidural Steroid Injection at C7-T1 is authorized. The request for Outpatient Physical Therapy x 8 sessions for the Neck and Upper Back are non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines, Physical Therapy. The request for Soma 350mg #30 is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the neck and upper back; 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): (s) 48, 98-99.

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

Decision rationale: The patient presents with neck pain. The request is for PHYSICAL THERAPY FOR THE NECK AND UPPER BACK, 8 SESSIONS. There is no RFA provided and the patient is currently working with work modification to no repetitive reaching above shoulders or head with upper extremities. The utilization review determination states that the patient has had prior physical therapy sessions. MTUS page 98 and 98 has the following: Physical medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. MTUS page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for myalgia, neuritis, and radiculitis, 8 to 10 visits are recommended. Review of the reports provided indicates that the patient has had at least 10 sessions of physical therapy from 07/07/14- 11/24/14. An additional 8 sessions of therapy exceeds what is allowed by MTUS guidelines. The 11/24/14 visit states that the patient is able to perform home exercises properly. There is no discussion as to why the patient can not continue her home exercise program to manage pain. Therefore, the requested physical therapy IS NOT medically necessary.

Soma 350mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): (s) 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with neck pain. The request is for SOMA 350 MG QUANTITY: 30. There is no RFA provided and the patient is currently working with work modification to no repetitive reaching above shoulders or head with upper extremities. The patient has been taking this medication as early as 05/12/14. MTUS Chronic Pain Medications Guideline muscle relaxants, page 63-66, Carisoprodol (Soma); neither of these formulations is recommended for longer than a 2 to 3 week period. This has been noted for sedative and relaxant effects. MTUS recommends the requested Soma only for a short period of time. Soma has been prescribed since 05/12/14. This exceeds the 2- to 3-week period recommended by MTUS Guidelines. Therefore, the requested Soma IS NOT medically necessary.