

Case Number:	CM15-0101725		
Date Assigned:	06/04/2015	Date of Injury:	06/01/2003
Decision Date:	07/10/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/27/2015

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: New Jersey, New York

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 is a 69 year old female, who sustained an industrial injury on 6/1/2003. The current diagnoses are chronic neck pain, cervical fusion, cervical radiculopathy, bilateral carpal tunnel syndrome, status post right carpal tunnel release, and status post lumbar fusion. According to the progress report dated 5/12/2015, the injured worker complains of neck pain with radiation into bilateral shoulders and hands with associated numbness and tingling. She reports an increase in neck pain and stiffness for the past month. The level of pain is not rated. The physical examination reveals severely limited range of motion of the cervical spine in all planes, moderate tenderness to palpation in the right cervical paraspinal muscles and upper trapezius, altered sensation to digit 5 of both hands, diminished sensation to light touch to digits 1 and 2 in the bilateral hands, and weakness on wrist extension and hand grip, right worse than left. The current medications are Lyrica, Percocet, Celebrex, Seroquel, and Cymbalta. Treatment to date has included medication management, MRI studies, physical therapy, electrodiagnostic testing, wrist braces, hand therapy, epidural steroid injections, and surgical intervention. The plan of care includes Seroquel, 30 day TENS unit trial, 12 hand therapy treatments, and 8 physical therapy sessions to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel 50mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Atypical antipsychotics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Seroquel, Mental/Stress.

Decision rationale: The request is considered not medically necessary. It is an anti-psychotic. ODG guidelines were used as MTUS does not address the use of Seroquel. According to ODG guidelines, Seroquel is not recommended as first-line treatment. There is insufficient evidence to use it as treatment for conditions covered in ODG. It is not the recommended treatment for any of the patient's diagnoses. Therefore, the request is considered not medically necessary.

Seroquel 25mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Atypical antipsychotics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Seroquel, Mental/Stress.

Decision rationale: The request is considered not medically necessary. It is an anti-psychotic. ODG guidelines were used as MTUS does not address the use of Seroquel. According to ODG guidelines, Seroquel is not recommended as first-line treatment. There is insufficient evidence to use it as treatment for conditions covered in ODG. It is not the recommended treatment for any of the patient's diagnoses. Therefore, the request is considered not medically necessary.

TENS unit 30 day trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-115.

Decision rationale: The request for a TENS unit is not medically necessary. It is customary to order a one month home-based trial of a TENS unit prior to chronic use. However, the patient is not documented to have failed conservative therapy. He has improved with physical therapy and medications. There is also no documentation that he was to be part of a functional restoration program for which TENS would be adjunct treatment. Therefore, the request is considered medically unnecessary.

12 hand therapy treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand, Physical therapy.

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

Decision rationale: The request for physical therapy is considered not medically necessary. The patient had physical therapy for hand and should be proficient at continuing a home exercise program. There are no changes in subjective and objective findings that would warrant additional physical therapy. A home exercise program should be continued at this time. According to MTUS, the maximum recommended number of physical therapy sessions is 10, which the patient would exceed with this request. It is unclear how many sessions she already had and if there was objective functional improvement. Therefore, the request is considered not medically necessary.

8 physical therapy treatments for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC, Neck and Upper Back (Acute & Chronic); Forearm, Wrist, and Hand (Acute & Chronic), Physical Therapy.

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

Decision rationale: The goal of physical therapy is to educate patients to be independent in their care taking. As per MTUS guidelines, 9-10 visits over 8 weeks for myalgias or 8-10 visits over 4 weeks for neuralgia/neuritis is recommended. The patient has received physical therapy in the past for her cervical spine, but the exact number of sessions has not been clearly documented. Also, her functional improvement has not been documented. The patient should be able to continue with home exercise program. Therefore, the request is considered not medically necessary.