

<b>Case Number:</b>	CM15-0143187		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	10/09/2008
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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, Hawaii  
 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 67 year old female who sustained an industrial injury on 10-09-2008. She reported injury to her back. Treatment to date has included medications, epidural steroid injection and cervical spine surgery. According to the only progress report submitted for review and dated 05-22-2015, the injured worker reported intermittent neck pain for the past several years. She reported that pain was approximately the same as it was prior to surgery. She reported that the numbness in both arms was now daily. Moving her head and certain neck positions are what brought about the numbness and reproduced the symptoms. She currently managed her pain with over-the-counter anti-inflammatories and occasional use of Norco. Diagnoses included cervical radiculopathy status post laminectomy and decompression at C5-6 and C6-7. The provider noted that there appeared to be no change in hardware compared to prior studies and that her current symptoms could be related to adjacent multilevel changes. The provider noted that a cervical MRI was being requested, followed by electromyography nerve conduction studies to rule out carpal tunnel syndrome. Medications were being refilled and physical therapy for the cervical spine was going to be requested. The provider did not include name, dose, frequency and quantity of medications being refilled. According to an agreed medical evaluation dated 05-22-2015, subjective complaints included headaches, neck pain, low back pain and increased stress levels with chest pain, which also increased headaches and difficulty sleeping. Current medications included Lunesta, Flexeril and Ibuprofen. The examiner noted that treatment should include access to prescription medications for pain, spasm and inflammation, additional methods of physical treatment to include aquatic rehabilitation in a warm water

environment, pain management evaluation, further diagnostic testing and a rheumatology evaluation. Currently under review is the request for physical therapy for the lumbar spine and "refilled medications". A Request for Authorization (RFA) was not included with documentation submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Physical therapy for cervical spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with intermittent neck pain with numbness in the bilateral arms. The current request is for Physical Therapy for Cervical Spine. The treating physician's report dated 05/22/2015 (12B) states, "Today, she states her pain is approximately the same as it was prior to surgery. The numbness in both arms is now daily. She states moving her head and changes in certain neck positions are what brings about the numbness and reproduces the symptoms." The patient managed her pain with OTC anti-inflammatories and occasional use of Norco. The patient is not post-surgical. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. Physical therapy reports were not made available. In this case, while a short course of physical therapy is appropriate to address the patient's current symptoms, the request does not specify the duration and number of sessions. The current request is not medically necessary.

#### **Refilled medications: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication/Opioids Page(s): 22 / 74-94.

**Decision rationale:** The patient presents with intermittent neck pain with numbness in the bilateral arms. The current request is for Refilled medications. The treating physician's report dated 05/22/2015 does not discuss this specific request. There is no documentation as to what medications have to be refilled. However, the physician notes on this same report, "She currently manages her pain with over-the-counter anti-inflammatories and occasional use of Norco." The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be

measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On- Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The MTUS page 90 notes that a maximum dose for Hydrocodone is 60mg/day. In this case, the physician does not document which medications are to be refilled. There is no dosage and quantity requested. There is no documentation of medication efficacy as well as decreased levels of pain and improved function. The patient does not meet the criteria based on the MTUS Guidelines. The current request is not medically necessary.