

Case Number:	CM15-0192851		
Date Assigned:	10/07/2015	Date of Injury:	02/15/2002
Decision Date:	11/16/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/01/2015

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: Emergency Medicine

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 68 year old female, who sustained an industrial injury on 02-15-2002. The injured worker is currently retired. Medical records indicated that the injured worker is undergoing treatment for chronic cervical spine pain. Treatment and diagnostics to date has included acupuncture, chiropractic treatment, medial branch blocks, and medications. Recent medications have included Norco, Aleve, and a compound cream. After review of progress notes dated 07-28-2015 and 08-27-2015, the injured worker reported chronic cervical spine pain with an average pain level of 2-3 out of 10. The treating physician noted that in regards to chronic opioid medication, the injured worker "has gotten herself completely off". Objective findings included "normal" cervical spine range of motion and mild tenderness to palpation over the right cervical spine. The Utilization Review with a decision date of 09-02-2015 modified the request for Norco 10-325mg #90 to allow 1-month refill for weaning and denied the request for physical therapy x6 visits for the cervical spine, and massage visits x 6 for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The requested Norco 10/325mg #90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has chronic cervical spine pain with an average pain level of 2-3 out of 10. The treating physician noted that in regards to chronic opioid medication, the injured worker "has gotten herself completely off". Objective findings included "normal" cervical spine range of motion and mild tenderness to palpation over the right cervical spine. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg #90 is not medically necessary.

Massage 6 visits Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

Decision rationale: The requested Massage 6 visits Cervical Spine is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 60, Massage therapy, recommends massage therapy as an option and "This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6visits in most cases." The injured worker has chronic cervical spine pain with an average pain level of 2-3 out of 10. The treating physician noted that in regards to chronic opioid medication, the injured worker "has gotten herself completely off". Objective findings included "normal" cervical spine range of motion and mild tenderness to palpation over the right cervical spine. The treating physician has not documented the injured worker's participation in a dynamic home exercise program or other programs involving aerobic and strengthening exercise. The criteria noted above not having been met, Massage 6 visits Cervical Spine is not medically necessary.

Physical therapy x 6 for the C Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The requested Physical therapy x 6 for the C Spine is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has chronic cervical spine pain with an average pain level of 2-3 out of 10. The treating physician noted that in regards to chronic opioid medication, the injured worker "has gotten herself completely off". Objective findings included "normal" cervical spine range of motion and mild tenderness to palpation over the right cervical spine. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical therapy x 6 for the C Spine is not medically necessary.