

Case Number:	CM15-0024632		
Date Assigned:	02/17/2015	Date of Injury:	08/22/2014
Decision Date:	04/09/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/09/2015

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: Pennsylvania, Ohio, 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 female, who sustained an industrial injury on 8/22/14. She has reported neck and back injury. The diagnoses have included left C6 facet fracture healed without instability, minimal C5-6 anterolisthesis, vertebral body contusions T4,5 and 9, lumbar strain and probable post-concussion syndrome. Treatment to date has included oral medications. (CT) computerized tomography scan of the head was negative for acute intracranial abnormalities and (CT) computerized tomography scan of neck demonstrated a left C6 facet fracture. (MRI) magnetic resonance imaging of cervical spine revealed no evidence of neurologic compression and (MRI) magnetic resonance imaging of the thoracic spine revealed mild vertebral body contusions versus nondisplaced trabecular fractures involving T4, 5 and 9 and no other abnormalities. Currently, the injured worker complains of numbness of hands and a dramatic amount of pain across her neck and shoulders. Progress report dated 12/29/14 revealed superficial and deep cervical tenderness with markedly reduced cervical range of motion with some paraspinal muscle spasms. On 1/15/15 Utilization Review non-certified 12 physical therapy visits, Vicodin 5/500 #120 and Terocin cream #1, noting there is no clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during history and physical or a reduction in the dependency on continued medical treatment. The MTUS, ACOEM Guidelines, was cited. On 2/4/15, the injured worker submitted an application for IMR for review of 12 physical therapy visits, Vicodin 5/500 #120 and Terocin cream #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Physical Therapy: 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: MTUS recommends up to 10 visits of PT for radiculitis or myalgia unspecified. The records do not clearly provide a rationale or goals instead for 12 sessions of PT. This request exceeds the treatment guidelines. The request is not medically necessary.

Vicodin 5/500mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Opioids for Chronic Pain Page(s): 78, 80.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore, this request is not medically necessary.

Terocin cream #1: 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 Topical Analgesics Page(s): 111.

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. This request is not medically necessary.