

Case Number:	CM15-0040471		
Date Assigned:	03/12/2015	Date of Injury:	11/18/2012
Decision Date:	05/08/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/03/2015

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: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 46-year-old female who reported an injury on 11/18/2012. The mechanism of injury was not specifically stated. The current diagnoses include cervicalgia, low back pain, and migraines. The injured worker presented on 03/05/2015 for a follow-up evaluation. The injured worker reported right sided low back pain with radiculopathy into the right lower extremity. The injured worker also reported a tingling sensation in the right leg when standing for prolonged periods of time. There was numbness in the outer aspect of the calf and pain with sexual relations also reported. It was noted that the injured worker was requesting additional chiropractic treatment as she experienced an improvement in symptoms and function following a previous course. The injured worker was participating in a home exercise program; however, reported it was not enough to improve her ability to function. The provider would request additional physical therapy for the shoulder and neck. Upon examination, there was a mildly antalgic gait, tenderness over the right trapezius, multiple trigger points, decreased right shoulder range of motion, tenderness throughout range of motion, tenderness over the right central buttock region and lumbar musculature, lower extremity tenderness on the right side, right greater than left paraspinal muscle tenderness in the cervical spine, muscle spasm upon palpation, painful cervical range of motion, diminished grip strength, and decreased sensation in a spotty distribution in the upper and lower extremities. Recommendations at that time included chiropractic therapy and a course of physical therapy. The injured worker was also instructed to continue with the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 4 weeks cervical and lumbar: 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 Page(s): 98-99.

Decision rationale: California MTUS/ACOEM practice Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, it is noted that the injured worker has participated in a previous course of physical therapy. Documentation of significant functional improvement was not provided. Additional treatment would not be supported at this time. Given the above, the request is not medically necessary.

Gralise ER (Gabapentin) 600mg #60: 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 Page(s): 16-19.

Decision rationale: California MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. In this case, the injured worker has continuously utilized the above medication for an unknown duration. There was no documentation of objective functional improvement. There was also no frequency listed in the request. Given the above, the request is not medically necessary.

Fioricet 50-300-40 #90: 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 Page(s): 23.

Decision rationale: California MTUS Guidelines do not recommend barbiturate containing analgesic agents for chronic pain. There is a risk of medication overuse, as well as rebound headache. The injured worker has continuously utilized the above medication for an unknown duration. It was noted that the injured worker was pending authorization for a neurology consultation secondary to migraines. The medical necessity for the ongoing use of the above medication has not been established in this case. There is also no frequency listed in the request. Given the above, the request is not medically necessary.