

Case Number:	CM15-0050258		
Date Assigned:	03/23/2015	Date of Injury:	12/01/2005
Decision Date:	05/11/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/17/2015

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, Arizona

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 61-year-old female who reported an injury on 12/01/2005. The mechanism of injury was not provided. There was a Request for Authorization submitted for review dated 02/26/2015. The documentation of 02/25/2015 revealed the injured worker had complaints of neck pain and headache. The injured worker had increased pain in the trapezius and was noted to require injections. The medications were noted to help. The injured worker indicated she had physical therapy before and it helped. The injured worker was noted to have no muscle relaxants available for 2 weeks. The diagnoses included fibromyalgia, chronic cervical strain, and myofascial pain. The medications included Amrix capsule sustained release 24 hour 15 mg oral 1 capsule as needed with evening meals, and the injured worker was noted to utilize an H-wave device that helped 50%. The physical examination revealed tenderness at C5, C6, and C7. The injured worker had paraspinal spasms and had trigger points in the trapezius. The deep tendon reflexes were normal on the right and normal on the left. The injured worker had tenderness in the greater occipital on the left. The injured worker had pain on rotation to the left and right and pain with lateral flexion as well as extension. The sensory examination and motor examination were within normal limits. Flexion and extension were mildly restricted, as was lateral rotation. The treatment plan included physical therapy since previously of benefit. The injured worker was noted to be retired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic exercises, 3 times weekly, neck, per 02/25/15 order Qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine guidelines Page(s): 98-99.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine for up to 10 visits for myalgia. The clinical documentation submitted for review indicated the injured worker had previously undergone physical therapy. There was a lack of documentation of objective functional benefit that was received. There was a lack of documentation of the quantity of prior sessions. There was a lack of documentation of remaining objective functional deficits. Given the above, the request for therapeutic exercises, 3 times weekly, neck, per 02/25/15 order Qty: 12.00 is not medically necessary.

Hot packs, 3 times weekly, neck, per 02/25/15 order Qty: 12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that at home local applications of cold packs during the first few days of an acute complaint are appropriate. Thereafter, there should be application of heat packs. The clinical documentation submitted for review failed to provide documentation that the injured worker would not be able to utilize at home hot and cold packs. There was a lack of documented rationale for a necessity for hot packs to be applied by anyone other than the injured worker. Given the above, the request for hot packs, 3 times weekly, neck, per 02/25/15 order Qty: 12.00 is not medically necessary.

Electric stimulation, 3 times weekly, neck, per 02/25/15 order Qty: 12.00: 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 Microcurrent electrical stimulation (MENS devices) Page(s): 120.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines do not recommend microcurrent electrical stimulation. There was a lack of documentation of specific type of electrical stimulation that was being requested as such the microcurrent guidelines were

applied. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for electric stimulation, 3 times weekly, neck, per 02/25/15 order Qty: 12.00 is not medically necessary.

Soft tissue mobilization/massage, 3 times weekly, neck, per 02/25/15 order Qty: 12.00:
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 Massage therapy Page(s): 60.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that massage therapy should be used as an adjunct to other treatment and should be limited to 4 to 6 visits. The referenced guidelines indicate that massage benefits were registered only during treatment. The clinical documentation submitted for review failed to support the necessity for physical medicine treatment. As such, this request would not be supported. Additionally, the request for 12 sessions exceeds guideline recommendations. There was a lack of documentation of exceptional factors. Given the above, the request for soft tissue mobilization/massage, 3 times weekly, neck, per 02/25/15 order Qty: 12.00 is not medically necessary.