MAXIMUS Federal Services

Case Number:	CM15-0088409		
Date Assigned:	05/12/2015	Date of Injury:	05/13/1999
Decision Date:	06/18/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/07/2015

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: New York
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 69-year-old female, who sustained an industrial injury on 5/13/99. She reported initial complaints of bilateral upper extremities; shoulder and neck through repetitive movements. The injured worker was diagnosed as having degeneration cervical spine; neck pain; therapeutic drug monitor; long-term use of meds NEC; unspecified major depression (single episode); depression with anxiety. Treatment to date has included physical therapy; cervical epidural steroid injections; medication. Diagnostics included cervical spine MRI (no date-no report). Currently, the PR-2 notes dated 4/1/15 indicated the injured worker presents with chronic neck pain. She reports she has not received her medications and is in significant pain. She was tearful throughout this appointment and feels frustrated with her chronic pain. She feels her depressive symptoms have been worsening as a result. She wishes to try to avoid invasive procedures and states that physical therapy in the past did help with some of her pain. The provider note she has not has physical therapy in "quite some time" but does not relate when the last session was or how many she has completed. The injured worker is noted having anxiety issues regarding general anesthesia and will not have this type of anesthesia for her injection. The notes indicate she has had cervical epidural steroid injections in the past but there is no documentation identifying the spinal levels injected, results, and date of the injections or report in the file submitted. The provider relates to diagnostics studies (no date): C5-C6 and C6-C7 spinal levels with moderate bilateral neural foraminal stenosis and C3-C4 with moderate to severe left hypertrophic facet changes with moderate to moderately sever left neural foraminal stenosis. He feels with the injured workers radicular complaints in her arm, a request for the

Pronex cervical traction is reasonable. His physical examination indicates she walked into the examination room without assistance. She is able to sit comfortably without difficulty or evidence of pain. Neck exam is normal. The neurological examination documents the cranial nerve examination is grossly normal, motor examination revealed normal nutrition, tone power of muscles of all the extremities with no ataxia or involuntary movements. Upper and lower extremities responded normally to reflex tests. He lists the current prescribed medications: Lyrica 50mg BID, Lyrica 200mg 1 at bedtime; Tramadol 50mg BID; Atenolol 50mg 1 daily; Diovan Hct 320/25mg; Nifedipine ER 60mg I daily; Potassium Chloride 10Meq 2 tabs BID; Celebrex 200mg 1 daily and Losartan-hydrochlorothiazide 100/25mg 1 daily. The provider is requesting Physical Therapy for the Neck, two times a week for three weeks; Cervical Traction Pronex; Psychologist follow up, six visits and Norco 5/325mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Neck, two times a week for three weeks: Upheld

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

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

Decision rationale: According to CA MTUS, physical medicine is utilized with the overall goal of improving function. The IW has previously completed a course of physical therapy. The documentation does not demonstrate progression in her functional ability. The IW has previously had physical therapy. There is not documentation to support ongoing home therapy program. MTUS does not support ongoing physical therapy; however, physical therapy sessions to restore a home exercise program are supported by the guidelines. The request for six physical therapy visits exceeds the number needed to re-establish a home program and is not medically necessary.

Cervical Traction Pronex: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) .

Decision rationale: According to CA MTUS, there is "no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction." ODG guidelines state, "Recommend home cervical patient controlled traction (using a seated over-the-door device or a supine device, which may be preferred due to greater forces), for patients with radicular symptoms, in conjunction with a home exercise program." The

documentation does not support the IW has complaints of radicular symptoms or EMG studies to support the presence of such conditions. Without this documentation and the poor evidence to support its use, the request for a cervical traction device is not medically necessary.

Norco 5/325mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short acting opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods Page(s): 77-81.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above-recommended documentation. In addition, the request does not include dosing frequency or duration. The request for opiate analgesia is not medically necessary.

Psychologist follow up, six visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Testing Page(s): 101-102.

Decision rationale: According to CA MTUS, psychological treatment is "recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders." There is not documentation in the record to support a psychological evaluation and testing. It is unclear what diagnoses psychological treatment would be addressing or the form of therapy to be conducted. Without the specifics of the anticipated treatment, the request for six psychological treatment sessions is not medically necessary.