

Case Number:	CM13-0000712		
Date Assigned:	12/18/2013	Date of Injury:	03/06/2013
Decision Date:	02/07/2014	UR Denial Date:	06/10/2013
Priority:	Standard	Application Received:	06/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Disease and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 56-year-old female who reported an injury on 03/06/2013. The patient is diagnosed with a sprain and strain of the neck and brachial neuritis or radiculitis. The patient was recently seen by [REDACTED] on 07/29/2013. Physical examination revealed mild pain to palpation through the left paraspinal musculature and down the left thoracic paraspinal musculature, mild to slight myospasm bilaterally, mild pain over the posterior aspect of the left shoulder, tenderness to palpation, normal range of motion, and intact sensation. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy X6: Upheld

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

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

Decision rationale: The California MTUS Guidelines 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. Guidelines allow for a

fading of treatment frequency plus active self-directed home physical medicine. It is noted by [REDACTED] on 06/03/2013 that the patient was to continue with 6 additional physical therapy treatments. Documentation of the previous course of physical therapy with treatment duration and efficacy was not provided for review. Despite previous physical therapy, the patient continues to present with persistent cervical spine pain and left shoulder pain. Based on the clinical information received and the California MTUS Guidelines, the request for PHYSICAL THERAPY X6 is non-certified.

Acupuncture X6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement includes 3 to 6 treatments with a frequency of 1 to 3 times per week. The optimum duration includes 1 to 2 months. As per the clinical notes submitted, the patient does not currently meet criteria for acupuncture treatment, as there is no indication that medications are not tolerated or are being reduced. The medical necessity has not been established. Therefore, the request for ACCUPUNCTURE X6 is non-certified.

Chiropractic X6: 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): 58.

Decision rationale: The California MTUS Guidelines state manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Treatment for the low back is recommended as an option with a therapeutic trial of 6 visits over 2 weeks. As per the clinical notes submitted, the patient's physical examination only reveals tenderness to palpation. There is no indication of a significant musculoskeletal condition that may warrant the need for manual therapy and manipulation. The medical necessity has not been established. As such, the request for CHIROPRACTIC X6 is non-certified.

Biofreeze: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the clinical notes submitted, there is no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. The patient has utilized this medication since 02/03/2013, and continues to report persistent cervical spine and left shoulder pain. Based on the clinical information received, the request for BIOFREEZE is non-certified.