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| Case Number: | CM13-0039671 | | |
| Date Assigned: | 12/20/2013 | Date of Injury: | 01/31/2013 |
| Decision Date: | 02/14/2014 | UR Denial Date: | 10/07/2013 |
| Priority: | Standard | Application Received: | 10/08/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. He 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 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 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 51-year-old female who reported an injury on 01/31/2013. The patient is noted to have complaints of neck pain. On examination, the patient has tenderness to the cervical spine and trapezius muscles. The patient has been previously treated with chiropractic care with some relief. The patient has current diagnosis of cervical strain. Treatment plan is for TENS unit, chiropractic care, physical therapy, compounded cream, and trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Tens Unit x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009 Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Guidelines, Chronic Pain Medical Treatment Guidelines, TENS Page(s): 116.

Decision rationale: California MTUS Guidelines indicate that TENS units are recommended for patients with chronic pain lasting more than 3 months after other appropriate modalities have been tried and failed. Guidelines recommend a 1 month home TENS unit trial prior to purchase. The current request does not specify the duration of use. Furthermore, current notes do not rate

the patient's pain on VAS and suggest the patient's condition is improving. Therefore, based on the available documentation, the request for home TENS unit x1 is non-certified.

Physical Therapy x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009 Chronic Pain Treatment Guidelines.

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

Decision rationale: California MTUS Guidelines recommend up to 10 sessions of physical therapy for the patient's present condition. However, the most recent clinical notes failed to document the patient has any functional deficits. The patient is noted to have tenderness, but has full range of motion and no evidence of motor weakness. Given the lack of functional deficits, physical therapy would not be supported at this time. Furthermore, the request for 12 visits exceeds guidelines. As such, the request for 12 sessions of physical therapy is non-certified.

Chiropractic care x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009 Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Guidelines, Chronic Pain Medical Treatment Guidelines, Manual therapy & manipulation Page(s).

Decision rationale: CA MTUS guidelines recommends chiropractic care as an option for the low back with a therapeutic trial of "6 visits over 2 weeks" and "with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The documentation submitted for review indicates the patient has been previously treated with chiropractic care. However, the notes fail to document any significant objective functional improvement to warrant continuation. Furthermore, the most recent notes fail to demonstrate the patient has any functional deficits to warrant the need for physical medicine to include chiropractic care. As such, the request is non-certified at this time.

Compound ointment x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009 Chronic Pain Treatment Guidelines.

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

Decision rationale: California MTUS Guidelines state that topical creams are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The

notes submitted for review failed to specify the components/ingredients of the requested compounded cream. There is no rationale for why the patient would require a compounded ointment versus standard oral medications. As such, the request is non-certified at this time.

Trigger point Injections to the shoulders, lower back and neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009 Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Guidelines, Chronic Pain Medical Treatment Guidelines, Trigger point injections Page(s): 12.

Decision rationale: California MTUS Guidelines recommend trigger point injections when there is documentation of circumscribed triggers points with evidence upon palpation of a twitch response that have persisted for more than 3 months. The notes submitted for review indicate the patient has tenderness; however, there is lack of documentation of specific trigger points with positive twitch response. As such, the request is non-certified at this time.