

Case Number:	CM14-0161398		
Date Assigned:	10/06/2014	Date of Injury:	11/17/1999
Decision Date:	11/06/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/01/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation 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 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/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 injured worker is a 55 year old male who reported an injury on 11/17/1999. The mechanism of injury was due to cumulative stress. Diagnoses included cervical spondylosis without myelopathy, degeneration of lumbar intervertebral disc, lumbosacral radiculitis, occipital neuralgia, and bipolar disorder. Past treatments included medications, and 6 recent physical therapy sessions. Pertinent diagnostic studies were not provided. Surgical history included aorto-celiac bypass. The clinical note dated 09/03/2014 indicated the injured worker complained of chronic neck pain. The physical exam revealed the tenderness to palpation of the cervical spine, and trigger points to the over the upper trapezius and rhomboid muscles on the right side. Current medications included acetaminophen 500 mg, Celebrex 100 mg, and Lyrica 50 mg. The treatment plan included Celebrex 100 mg #60, and 6 physical therapy sessions for the neck. The rationale for the treatment plan included pain control and conditioning. The Request for Authorization form was completed on 09/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68..

Decision rationale: The request for Celebrex 100mg #60 is not medically necessary. The California MTUS guidelines recommend NSAIDs for short-term symptomatic relief chronic back pain. The clinical note dated 09/03/2014 indicated the injured worker complained of chronic neck pain. He had been taking the requested medication since at least 02/2014. There is a lack of documentation of the efficacy of the requested medication, including quantified pain relief and functional improvement. The treatment plan also includes use of the medication for longer than the guideline recommended short-term period. Additionally, the request does not include the frequency for taking the medication. Therefore the treatment plan cannot be supported at this time, and the request for Celebrex 100mg #60 is not medically necessary.

6 Physical therapy sessions for neck: Upheld

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

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

Decision rationale: The request for 6 physical therapy sessions for the neck is not medically necessary. The California MTUS guidelines indicate that physical therapy is recommended for patients with myalgia, to include 9-10 visits over 8 weeks. The injured worker recently completed 6 sessions of physical therapy. The physical therapy note dated 07/17/2014 indicated the injured worker continued to show improvements after manual therapy was performed, but his active range of motion was not maintained throughout the day. He also did not show significant progression with Neck Oswestry score. There is a lack of clinical documentation of the efficacy of the previous physical therapy, including quantified values for range of motion and motor strength. Additionally, the requested number of sessions would exceed the guideline recommendation for physical therapy. Therefore the treatment plan cannot be supported at this time, and the request for 6 physical therapy sessions for the neck is not medically necessary.