

Case Number:	CM15-0110906		
Date Assigned:	06/17/2015	Date of Injury:	02/25/2013
Decision Date:	07/17/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/08/2015

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
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 (n) 26 year old female, who sustained an industrial injury on 2/25/13. She reported pain in the neck, back and right shoulder. The injured worker was diagnosed as having cervical disc herniation with myelopathy, lumbar disc displacement with myelopathy, thoracic disc displacement with myelopathy and a partial tear of the right rotator cuff. Treatment to date has included acupuncture, a right shoulder MRI and Tramadol. As of the PR2 dated 4/27/15, the injured worker reports pain in the lumbar spine, thoracic spine, cervical spine, right shoulder and headaches. Objective findings include tenderness and spasms in the neck, back and right shoulder, a positive Kemp's test bilaterally and a positive straight leg raise test on the right. The treating physician requested Physiotherapy for Right Brachial Plexopathy and Lumbar Spine pain, 8 additional sessions and Consider Scalene Botox Chemodeneration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy for Right Brachial Plexopathy and Lumbar Spine pain, 8 additional sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back.

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

Decision rationale: The requested Physiotherapy for Right Brachial Plexopathy and Lumbar Spine pain, 8 additional sessions, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has pain in the lumbar spine, thoracic spine, cervical spine, right shoulder and headaches. Objective findings include tenderness and spasms in the neck, back and right shoulder, a positive Kemp's test bilaterally and a positive straight leg raise test on the right. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physiotherapy for Right Brachial Plexopathy and Lumbar Spine pain, 8 additional sessions is not medically necessary.

Consider Scalene Botox Chemodenervation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25-26.

Decision rationale: The requested Consider Scalene Botox Chemodenervation, is not medically necessary. CA MTUS 2009 - Chronic Pain Treatment Guidelines 7/18/2009, Pages 25-26, Botulinum toxin (Botox; Myobloc) noted: Not generally recommended for chronic pain disorders, except for cervical dystonia. The injured worker has pain in the lumbar spine, thoracic spine, cervical spine, right shoulder and headaches. Objective findings include tenderness and spasms in the neck, back and right shoulder, a positive Kemp's test bilaterally and a positive straight leg raise test on the right. The treating physician has not documented objective evidence of cervical dystonia. The criteria noted above not having been met, Consider Scalene Botox Chemodenervation is not medically necessary.