

Case Number:	CM15-0125107		
Date Assigned:	07/09/2015	Date of Injury:	10/25/2005
Decision Date:	08/26/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/29/2015

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: Physical Medicine & Rehabilitation

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 59 year old female, who sustained an industrial injury on 10/25/2005. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical spondylosis with radiculopathy, chronic cervical sprain/strain and lumbar spondylosis. There is no record of a recent diagnostic study. Treatment to date has included 12 physical therapy visits and medication management. In a progress note dated 5/20/2015, the injured worker complains of improved neck pain. She currently had no pain, but by the end of a work day the pain was 5/10. Discussion portion of the progress note addressed the pain rated 7/10 with medications and 9/10 without medications. Physical examination showed left cervical tenderness with spasm with painful range of motion and lumbosacral tenderness. The treating physician is requesting 12 physical therapy visits for the cervical spine and Norco 7.5/325 mg #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x weekly, cervical spine, per 05/20/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Physical Therapy (PT).

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

Decision rationale: Based on the 05/20/15 progress report provided by treating physician, the patient presents with neck pain. The request is for Physical Therapy 2 X Weekly, Cervical Spine, per 05/20/15 Order, RFA with the request not provided. Patient's diagnosis on 05/20/15 included cervical spondylosis with radiculopathy, chronic cervical strain and sprain, lumbar spondylosis, and possible carpal tunnel and cubital tunnel syndromes bilateral upper extremities. Physical examination to the cervical spine on 05/20/15 revealed mild spasm and tenderness to palpation to paraspinals. Range of motion was decreased and painful. Sensation to light touch decreased in all digits. Treatment to date has include imaging and electrodiagnostic studies, physical therapy and medications. The patient is prescribed Norco. The patient is currently working, per 05/20/15 report. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Given the patient's continued pain, a short course of physical therapy would appear to be indicated. Per 05/20/15 report, patient states "PT was really helpful. She states her ROM has improved since she completed PT. Patient states she continues experiencing some stiffness, which is a lot better since her last visit. Patient states she has better ROM to her right side than her left..." Treater has documented benefit from prior therapy, but a precise treatment history has not been provided. There is no explanation of why on-going supervised therapy is needed, nor reason patient is unable to transition into a home exercise program. Furthermore, the request as stated does not indicate number of weeks. Per IMR application dated 06/29/15, the request is for PT 2x6 week. In this case, the request for 12 additional sessions would exceed what is allowed by MTUS. Therefore, the request is not medically necessary.

Norco 7.5/325mg #100, per 05/20/15 order: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88,89, 76-78, 90.

Decision rationale: Based on the 05/20/15 progress report provided by treating physician, the patient presents with neck pain. The request is for Norco 7.5/325mg #100, per 05/20/15 Order, RFA with the request not provided. Patient's diagnosis on 05/20/15 included cervical spondylosis with radiculopathy, chronic cervical strain and sprain, lumbar spondylosis, and possible carpal tunnel and cubital tunnel syndromes bilateral upper extremities. Physical examination to the cervical spine on 05/20/15 revealed mild spasm and tenderness to palpation to paraspinals. Range of motion was decreased and painful. Sensation to light touch decreased in all digits. Treatment to date has include imaging and electrodiagnostic studies, physical therapy

and medications. The patient is prescribed Norco. The patient is currently working, per 05/20/15 report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco has been included in patient's medications, per progress reports dated 03/13/15 and 05/20/15. It is not known when Norco has been initiated. Per 05/20/15 report, treater states patient "was not approved for previous Norco prescription. Norco allows her to carry out normal activities of daily living and reduce her pain from 9/10 to a 7/10, authorization requested for pain reduction." In this case, the patient is working, which shows significant improvement in function and treater has addressed analgesia. However, there are no specific discussions regarding aberrant behavior, adverse reactions, etc. No UDS's, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.