

Case Number:	CM15-0171920		
Date Assigned:	09/14/2015	Date of Injury:	03/29/2013
Decision Date:	11/02/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/01/2015

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: Preventive Medicine, Occupational 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 48 year old, female who sustained a work related injury on 3-29-13. The diagnoses have included disc protrusion at C3-4 and C4-5, mild central stenosis C4-5, mild neural foraminal stenosis at C4-5, facet joint arthropathy at C4-5 and C5-6, right neural foraminal stenosis at C6-7, bilateral moderate to severe C6 neural foraminal stenosis, right cervical radiculopathy with right upper extremity weakness, cervical disc protrusion, cervical stenosis, cervical facet joint pain, right shoulder internal derangement, right shoulder surgery and right shoulder impingement. Treatments have included oral medications and right shoulder surgery (9-11-13). Medications she is currently taking are Maxalt, Elavil, Motrin and Norco. In the progress notes dated 8-6-15, the injured worker reports right neck, right shoulder and right arm pain. She reports cervical spine range of motion and overhead activities make pain worse. On physical exam, she has 50% decreased range of motion in neck in all directions due to pain. Cervical extension is worse than flexion. She has 5 out of 5 strength in all extremities except for right deltoid, right biceps, right wrist extensors and right triceps strength which are all 4+ out of 5. She has tenderness upon palpation of cervical paraspinal muscles and right shoulder. She has positive Neer's and Hawkin's tests. She is working part-time with modified duties. The treatment plan includes recommendations for 6 cognitive behavioral therapy sessions, 6 physical therapy sessions to cervical spine and 6 treatments of acupuncture to cervical spine and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive therapy QTY: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

Decision rationale: The MTUS recommends behavioral interventions be initiated with a trial of 3-4 psychotherapy visits over 2 weeks; with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks may then be authorized. Even though cognitive therapy is recommended by the MTUS, the request is for greater than the number of visits necessary for a trial to show evidence of objective functional improvement prior to authorizing more treatments. Cognitive therapy QTY: 6 is not medically necessary.

Physical therapy for neck QTY: 6: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that 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. California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone 8 sessions of physical therapy. The patient reported significant functional improvement with the previous physical therapy sessions attended and has not exceeded the number of visits allowed by the MTUS. I am reversing the previous utilization review decision. Physical therapy for neck QTY: 6 is medically necessary.

Acupuncture for neck and right shoulder QTY: 6: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The Acupuncture Medical Treatment Guidelines allow acupuncture treatments to be extended if functional improvement is documented as defined in Section 9792.20(f). The patient reported significant functional improvement with the previous acupuncture sessions attended and has not exceeded the number of visits allowed by the MTUS. I am reversing the previous utilization review decision. Acupuncture for neck and right shoulder QTY: 6 is medically necessary.

Norco 5/325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The patient fits both of these criteria. I am reversing the previous utilization review decision. Norco 5/325mg #90 is medically necessary.