

Case Number:	CM15-0175302		
Date Assigned:	09/16/2015	Date of Injury:	06/09/2014
Decision Date:	10/19/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/08/2015

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: Texas, Florida, 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:

This is a 58 year old female with a date of injury on 6-9-2014. A review of the medical records indicates that the injured worker is undergoing treatment for cervicgia, cervical facet pain at the C5-C6 and C6-C7 levels bilaterally, cervical spondylosis without myelopathy, cervical radiculopathy bilaterally at C6, C5-C6 right foraminal stenosis and depressive disorder not otherwise specified, Medical records (5-1-2015 to 7-10-2015) indicate ongoing neck and right shoulder pain. The injured worker complained of difficulty sleeping. She reported that neck pain went down into her shoulders and hands with numbness and tingling. She rated her pain nine out of ten. Per the treating physician (5-1-2015), the employee has not returned to work. The physical exam (5-1-2015 to 7-10-2015) revealed tenderness right shoulder. There was decreased range of motion of the neck. Musculoskeletal exam (5-1-2015) revealed pain with palpation of multiple trigger points in the bilateral trapezius and in the levator scapulae muscles bilaterally. Treatment has included psychotherapy and pain medications (Norco). The injured worker reported being unable to tolerate the non-steroidal anti-inflammatory drug due to acid reflux. The original Utilization Review (UR) (8-4-2015) non-certified requests for Voltaren Gel, six physical therapy sessions and three sets of trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 480 g with 1 refill: 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): Topical Analgesics.

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 112 of 127. This claimant was injured in 2014 and has cervicalgia, cervical facet pain at the C5-C6 and C6-C7 levels bilaterally, cervical spondylosis without myelopathy, cervical radiculopathy bilaterally at C6, C5-C6 right foraminal stenosis and depressive disorder not otherwise specified, There is ongoing neck and right shoulder pain. Treatment has included psychotherapy and pain medications. The injured worker reported being unable to tolerate the non-steroidal anti-inflammatory drug due to acid reflux. The request is for Voltaren gel. Per the MTUS, Voltaren Gel 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. As this person has neck pain, and that area has not been studied, it would not be appropriate to use the medicine in an untested manner on a workers compensation or any patient. The request is not medically necessary.

6 physical therapy sessions: 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): Physical Medicine.

Decision rationale: As shared, this claimant was injured in 2014 and has cervicalgia, cervical facet pain at the C5-C6 and C6-C7 levels bilaterally, cervical spondylosis without myelopathy, cervical radiculopathy bilaterally at C6, C5-C6 right foraminal stenosis and depressive disorder not otherwise specified, There is ongoing neck and right shoulder pain. Treatment has included psychotherapy and pain medications. The request is for six sessions of physical therapy. The MTUS, Chronic Pain section, does permit physical therapy in the chronic phase. They note: Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. This is a request for just six sessions. It can be used to refocus the home exercise program. This request is approximately aligned with the MTUS chronic pain criteria, and is medically necessary.

3 sets of trigger point injections: 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): Trigger point injections.

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 47 of 127. This claimant was injured in 2014 and has cervicalgia, cervical facet pain at the C5-C6 and C6-C7 levels bilaterally, cervical spondylosis without myelopathy, cervical radiculopathy bilaterally at C6, C5-C6 right foraminal stenosis and depressive disorder not otherwise specified, There is ongoing neck and right shoulder pain. Treatment has included psychotherapy and pain medications. The injured worker reported being unable to tolerate the non-steroidal anti-inflammatory drug due to acid reflux. The MTUS notes Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain;(4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. Classic triggering was not demonstrated. The request is not medically necessary.