

Case Number:	CM15-0179125		
Date Assigned:	10/07/2015	Date of Injury:	05/02/2015
Decision Date:	12/08/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/11/2015

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 43 year old female who sustained an industrial injury on 5-2-15. Diagnoses are noted as chronic cervical myofascial pain, rule out cervical radiculopathy, rule out upper extremity compression neuropathy, bilateral wrist sprain-strain, and right shoulder pain. In a comprehensive orthopedic evaluation dated 7-23-15, the physician notes complaint of cervical pain rated at 6 out of 10, with right greater than left upper extremity symptoms and that the condition continues to worsen. Physical exam notes cervical spine tenderness and range of motion in degrees: flexion 40, extension 30, left and right rotation 30, and left and right lateral tilt 30. The right deltoid exhibits limited shoulder pain. Jamar on the right is 0,5, 0 and on the left is 10, 5, 10. Work status is temporary total disability for 4 weeks. Previous treatment noted includes x-rays and medication. A request for authorization is dated 8-12-15. On 8-21-15, the requested treatment of physical therapy 3 times a week for 4 weeks -cervical spine was modified to physical therapy x2 to cervical spine, physical therapy 3 times a week for 4 weeks, upper extremities was modified to physical therapy x2 to upper extremities, Cyclobenzaprine 7.5mg #30 was non-certified, and Ibuprofen 800mg #60 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline.

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

Decision rationale: The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. There is no documentation of objective functional improvement and 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. The original reviewer modified the request to 2 sessions. Physical therapy 3 x 4 cervical spine is not medically necessary.

Physical therapy 3 x 4 upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. There is no documentation of objective functional improvement and 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. The original reviewer modified the request to 2 sessions. Physical therapy 3 x 4 upper extremities is not medically necessary.

Cyclobenzaprine 7.5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants. There is no documented functional improvement from any previous use in this patient. The MTUS also state that muscle relaxants are no more effective than NSAID's alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. Cyclobenzaprine 7.5mg #30 is not medically necessary.

Ibuprofen 800mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Guidelines recommend NSAIDs as an option for short-term symptomatic relief. Ibuprofen 800mg #60 is not medically necessary.