

<b>Case Number:</b>	CM15-0067756		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	08/29/2012
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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 42 year old female, who sustained an industrial injury on August 29, 2012. The injured worker reported neck pain. The injured worker was diagnosed as having cervicgia with radiculopathy and stenosis and myofascial pain. Treatment and diagnostic studies to date have included injection and medication. A progress note dated February 19, 2015 provides the injured worker complains of neck and shoulder pain. Physical exam notes cervical tenderness and painful range of motion (ROM). The plan includes physical therapy, chiropractic, injection, topical medication and oral medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 physical therapy treatments for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Acute and Chronic, Physical therapy.

**Decision rationale:** The requested 12 physical therapy treatments for the cervical spine is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), CHAPTER 8, Neck and Upper Back Complaints, Summary of Recommendations and Evidence, Page 181; and Official Disability Guidelines (ODG), Neck and Upper Back, Acute and Chronic, Physical therapy, recommend continued physical therapy with documented objective evidence of derived functional benefit. The injured worker has neck and shoulder pain. Physical exam notes cervical tenderness and painful range of motion (ROM). The treating physician has not documented the medical necessity for physical therapy beyond a trial course of six sessions and then re-evaluation. The criteria noted above not having been met, 12 physical therapy treatments for the cervical spine is not medically necessary.

**Physical therapy evaluation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Acute and Chronic, Physical therapy.

**Decision rationale:** The requested Physical therapy evaluation is medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), CHAPTER 8, Neck and Upper Back Complaints, Summary of Recommendations and Evidence, Page 181; and Official Disability Guidelines (ODG), Neck and Upper Back, Acute and Chronic, Physical therapy, recommend continued physical therapy with documented objective evidence of derived functional benefit. The injured worker has neck and shoulder pain. Physical exam notes cervical tenderness and painful range of motion (ROM). The treating physician has documented the medical necessity for a physical therapy evaluation as the injured worker has not had physical therapy in two years. The criteria noted above having been met, Physical therapy evaluation is medically necessary.

**Chiropractic evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation, Pages 58-59 Page(s): 58-59.

**Decision rationale:** The requested Chiropractic evaluation is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Manual Therapy and Manipulation, Pages 58-59, recommend continued chiropractic therapy with documented objective evidence of derived functional benefit. The injured worker has neck and shoulder pain. Physical exam notes cervical tenderness and painful range of motion (ROM). The treating physician has not documented objective evidence of derived functional benefit from completed chiropractic sessions, such as improvements in activities of daily living, reduced work restrictions or reduced medical treatment dependence. The criteria noted above not having been met, Chiropractic evaluation is not medically necessary.

**Pain cream: Baclofen 2%, Cyclobenzaprine 2%, Diclofenac 3%, Gabapentin 6%, Lidocaine 2%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Gabapentin, Lidocaine Indication Page(s): 112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 111-113, Topical Analgesics Page(s): 111-113.

**Decision rationale:** The requested Pain cream: Baclofen 2%, Cyclobenzaprine 2%, Diclofenac 3%, Gabapentin 6%, Lidocaine 2%, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants." The injured worker has neck and shoulder pain. Physical exam notes cervical tenderness and painful range of motion (ROM). The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Pain cream: Baclofen 2%, Cyclobenzaprine 2%, Diclofenac 3%, Gabapentin 6%, Lidocaine 2% is not medically necessary.