

Case Number:	CM15-0077378		
Date Assigned:	04/28/2015	Date of Injury:	01/20/2009
Decision Date:	05/26/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/22/2015

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, Pain Management

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 45 year old female, who sustained an industrial injury on 01/20/2009. She reported injury to her neck and shoulder. Treatment to date has included medications, acupuncture, physical therapy, epidurals, MRIs, cervical fusion and electrodiagnostic studies. According to a progress report dated 03/23/2015, the injured worker complained of bilateral neck pain with occasional numbness down the left upper extremity. Pain was rated 5 on a scale of 1-10. She also reported migrainous headaches, photophobia and nausea. Diagnoses included chronic neck pain with history of C5-C6 cervical fusion. Treatment plan included Relafen, Ultracet, physical therapy and acupuncture. Currently under review is the request for physical therapy and acupuncture for the neck and Ultracet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4 weeks for neck: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 6 Pain, Suffering and the Restoration of Function, page 114; Official Disability Guidelines (ODG), <http://www.odg-twc.com/preface.htm#PhysicalTherapyGuidelines>, Neck & Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, if this is an initial request for cervical physical therapy, the currently requested 12 visits exceeds the 6-visit trial recommended by guidelines. In light of the above issues, the currently requested additional physical therapy is not medically necessary.

Retrospective Dispensed Ultracet 37.5/325 #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80, 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Retrospective Dispensed Ultracet 37.5/325 #60, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it appears the patient has significant pain and dysfunction which is not improved despite numerous conservative treatment options and surgical intervention. As such, the use of Ultracet, is a reasonable treatment option. Of course, ongoing treatment would require documentation of analgesic efficacy, objective functional improvement, discussion regarding side effects, and discussion regarding aberrant use. But, a one-month prescription should allow the requesting physician time to identify whether the medication is efficacious. As such, the currently requested Ultracet is medically necessary.

Acupuncture treatments 2x4 for neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Chronic Pain Chapter, Acupuncture.

Decision rationale: Regarding the request for additional acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it appears the patient has undergone acupuncture previously. It is unclear how many sessions have previously been provided. Additionally, there is no documentation of objective functional improvement from the therapy already provided. As such, the currently requested acupuncture is not medically necessary.