

Case Number:	CM13-0005818		
Date Assigned:	08/23/2013	Date of Injury:	01/25/2013
Decision Date:	01/14/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	08/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 40-year-old male who reported a work-related injury on 01/25/2013 as a result of strain to the lumbar spine. Subsequently, the patient has utilized a course of physical therapy, trigger point injections, medication regimen, lumbar bracing, as well as an MRI of the lumbar spine, which revealed no abnormalities. The clinical note dated 06/24/2013 reports the patient was seen under the care of [REDACTED] for a comprehensive orthopedic evaluation. The provider documented the patient continues to present with lumbar spine pain complaints. The provider documented the patient reported 7/10 to 8/10 lumbar spine pain. The patient reports tingling and numbness to his bilateral lower extremities. The patient reports difficulty finding a comfortable position to sleep in and is wakened at night by pain. The clinical notes evidence the patient utilizes naproxen or Motrin for pain management, at times tramadol, and cannot utilize Vicodin, as he reports it is too strong for him. The clinical note reports upon physical exam of the patient a mild limp favoring the left lower extremity was evidenced, there was a stiff lumbar spine causing low back pain and spasms. Extension was barely to 10 degrees, flexion to 30 degrees, and right and left lateral bending was 5 degrees causing low back pain. Straight leg raise testing on the right with the patient in the seated position at 60 degrees elicited low back pain. The same test on the left, at 60 degrees elicited right low back, and the pain radiates to the back of the left knee on intensive sciatic stretch testing. The provider documented the patient had 2+ reflexes throughout, no sensory deficit, but a suggestion of weakness at the left ankle dorsiflexion power as compared to the right of 4/5. The provider documented x-rays of the lumbar spine indicated sacralization of the L5 vertebrae, otherwise no significant findings. MRI of the lumbar spine dated 04/19/2011 indicated an unremarkable study with normal

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: The current request previously received an adverse determination due to the clinical notes evidence the patient had had 14 sessions of physical therapy and should continue with utilization of a home exercise program. California MTUS/ACOEM indicates, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." The documentation failed to indicate a rationale supporting the medical necessity of supervised therapeutic interventions versus the patient continuing with a home exercise program to address any residual deficits. In addition, the clinical notes lacked evidence of significant objective findings of symptomatology, as the patient presented with an essentially normal imaging of the lumbar spine. Given the above, the request for physical therapy 2 times a week for 6 weeks is not medically necessary or appropriate.

Medical evaluation of stomach pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding referrals, Chapter 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The current request previously received an adverse determination, due to the patient was initially prescribed Protonix on 06/24/2013. California MTUS/ACOEM indicates, "Goal of such an evaluation is, in fact, functional recovery and return to work." It was noted efficacy of this conservative treatment could be re-evaluated at the next visit. Before the request for a GI consultation was not supported, the clinical notes did not evidence specifics of the patient's gastrointestinal complaints. Furthermore, the provider documented the patient was recommended to continue utilizing naproxen on an as needed basis for his pain complaints, as well as Protonix. Given the lack of significant documentation of the patient's reports of gastrointestinal complaints, duration of frequency symptoms, the request for medical evaluation for stomach pain is not medically necessary or appropriate.