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| <b>Case Number:</b>   | CM13-0008033 |                              |            |
| <b>Date Assigned:</b> | 12/11/2013   | <b>Date of Injury:</b>       | 03/13/2012 |
| <b>Decision Date:</b> | 03/12/2014   | <b>UR Denial Date:</b>       | 07/29/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/06/2013 |

### 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 Orthopedic Surgery 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:

This is a 41-year-old female injured on 3/13/12. The clinical records for review indicated complaints of pain in the lumbar spine. A follow up assessment dated 5/21/13 by [REDACTED] documented the diagnosis of low back pain with radiculitis, degenerative disc disease, herniated disc, right shoulder tendinosis, right knee strain, tendinitis of the right shoulder, and impingement syndrome. [REDACTED] documented that despite recent epidural injections the claimant remained symptomatic. There was no documentation of new clinical findings. It states that she was "having continued improvement." Objectively, there was restricted lumbar range of motion with diminished sensation in an L4 dermatomal distribution to the left leg. Clinical treatment recommendations were for eighteen additional sessions of physical therapy to the lumbar spine and continued use of Anaprox for a nonsteroidal purpose.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 Anaprox 550mg (6/25/2013): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines State of Colorado Department of Labor and Employment 4/27/2007 Pag.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs)..

**Decision rationale:** Based on CA Medical Treatment Utilization Section (MTUS) Chronic Pain 2009 Guidelines, continued use of nonsteroidal agents Anaprox in this case would not be indicated. In the chronic low back pain setting, nonsteroidals are only recommended as an option for short term symptomatic relief with no support of their use for maintenance or continuous care without documentation of acute exacerbation. The clinical records for review in this case indicate that the claimant is functionally improving with no indication of acute exacerbation or pathology. The specific request for continued role of Anaprox would not be indicated.

**18 physical therapy visits between 6/25/2013 and 9/1/2013:** 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 Physical Medicine Page(s): 98-99.

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines, the requested physical therapy would not be indicated. While physical medicine can be utilized in the chronic setting, Chronic Pain Guideline criteria typically recommends the role of only 9-10 sessions over an eight week period of time for myalgias or myositis. Based on the claimant's documented significant improvement at the last clinical assessment and the request for eighteen sessions of therapy, which would exceed clinical guidelines, the role of physical therapy would not be indicated.