

Case Number:	CM13-0012664		
Date Assigned:	09/17/2013	Date of Injury:	09/15/2011
Decision Date:	03/18/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	08/12/2013

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 57-year-old female who reported an injury on 09/15/2011 after she was assaulted by a resident. The patient reportedly sustained injury to her low back and right knee. Prior treatments included physical therapy, epidural steroid injections, Supartz injections, medications, and knee arthroscopy. The patient underwent an epidural steroid injection and facet injections at the L4-5 and L5-S1 level on 05/15/2013. The clinical documentation submitted for review indicated that the patient's cervical neck pain had resolved, the patient's back and leg pain had also resolved, and the patient had discontinued medication use. The patient's diagnoses included multilevel lumbar disc protrusions, lumbar facet hypertrophy, and low back pain with right radicular symptoms. The patient's treatment plan included a course of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for physical therapy for the lumbar spine 2 times a week for 3 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Physical Medicine.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has previously participated in physical therapy. California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels as a result of supervised skilled therapy. The clinical documentation submitted for review does not provide any evidence that the patient is participating in a home exercise program. Official Disability Guidelines recommend 1 visit to 2 visits after epidural steroid injections to re-assess and re-educate the patient in a home exercise program. The requested 6 visits exceed this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested physical therapy for the lumbar spine 2X3 is not medically necessary or appropriate.

The request for prilosec 20mg 1 tab 1-2 times per day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Proton Pump Inhibitor Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for patients who are at risk for developing gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review does indicate that the patient is not taking any medications. Therefore, the risk for development of gastrointestinal disturbances related to medication usage is nonexistent. Additionally, the patient's most recent clinical documentation does not provided an adequate assessment of the patient's gastrointestinal system to support the patient is at risk for developing gastrointestinal disturbances. Therefore, the need for this medication is not established. As such, the requested Prilosec 20mg 1 tab 1-2 times per day is not medically necessary or appropriate.