

Case Number:	CM13-0019839		
Date Assigned:	01/03/2014	Date of Injury:	02/20/2011
Decision Date:	05/16/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	09/03/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pain Management 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 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/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 male patient with a date of injury of February 20, 2011. A utilization review determination dated August 8, 2013 recommends noncertification of physical therapy for lumbar spine strengthening 2x4 and Naprelan. A Doctors 1st Report dated August 27, 2012 recommends chiropractic care to include manipulation with adjunct of physical therapy modalities 3 times per week for 4 weeks. Physical examination findings identified decreased range of motion in the lumbar spine, muscular guarding, trigger points, and positive impingement signs for the right shoulder. A progress report dated December 8, 2012 recommends continuing chiropractic treatment for the low back. A progress report dated August 7, 2013 identifies subjective complaints indicating pain in the lumbar and cervical spine. Objective examination findings identify tenderness, spasm, and decreased range of motion (body part is not specified). Diagnoses include lumbar sprain and strain. The treatment plan includes awaiting authorization for lumbar's fine strengthening physical therapy and Naprelan.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR L/S STRENGTHENING 2X4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Online Version Physical Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy

Decision rationale: Regarding the request for 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, it is unclear how much therapy has already been provided, there is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for physical therapy is not medically necessary.

NAPRELAN 375MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naprelan Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Naproxen has been prescribed previously. It is clear that the patient has significant musculoskeletal pain, which has not resolved with the treatments provided thus far. Guidelines support the use of NSAIDS for a short time, in the treatment of painful musculoskeletal conditions. The current request is for 60 pills, which seems to reasonably fit within the guidelines recommendations. As such, the currently requested Naprelan is medically necessary.