

Case Number:	CM13-0021349		
Date Assigned:	11/08/2013	Date of Injury:	05/17/2013
Decision Date:	02/13/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/09/2013

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 39-year-old male who reported a work-related injury on 05/17/2013 as the result of a motor vehicle accident in which he was rear ended by a bus and developed symptoms of head, neck and back pain; blurred vision; black spots and soreness of shoulder. He underwent x-rays of his cervical spine and a computed tomography scan of his head and was released and treated at an industrial clinic. Treatment included physical therapy and medications, and he was evaluated by a neurologist as well. Recent clinical documentation stated that the patient complained of pain to his neck and low back as well as left groin pain. Tenderness to palpation was noted to the lumbar spine with muscle spasms noted to the paralumbar musculature. Range of motion was decreased in the lumbar spine, and there was a positive Kemp's test. The request has been made for physical therapy twice a week for six weeks, an internist consultation to rule out a left groin hernia, a followup visit with a psychiatrist for treatment, Ultram 150 mg #30 and Prilosec 20 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Recent clinical documentation stated that the patient was treated with conservative treatment, to include prescription pain medication and physical therapy, with no lasting improvement. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicate that nine to ten physical therapy visits over eight weeks are recommended for myalgia and myositis. It was unclear per the submitted documentation as to how many physical therapy visits the patient has undergone since the time of injury. The efficacy of his prior physical therapy treatments was not noted in the submitted documentation with the exception noted of no lasting improvement. In addition, there was no recent physical exam submitted for the patient to indicate significant functional deficits to warrant additional formal physical therapy visits for the patient. Therefore, the decision for physical therapy twice a week for six weeks is non-certified.

Internist consultation to rule out left groin hernia: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hernia Chapter, Section: Surgery, Office Visits.

Decision rationale: The recent clinical documentation stated that the patient complained of left groin pain that increased with coughing, sneezing and straining. There were no objective findings on the patient's physical exam that would corroborate his subjective complaints. There was a lack of evidence given that the patient had a physical exam by his primary physician to rule out a hernia of the patient. Therefore, there was no rationale provided for the patient to consult an internist to rule out a left groin hernia. The Official Disability Guidelines indicate that after initial evaluation and presumptive diagnosis of hernia, then the treatment of an irreducible hernia is surgical, and referral to a surgeon is appropriate. Given the above, the clinical documentation presented for review does not support the request for an internist consultation to rule out a left groin hernia. Guidelines further state that office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability and reasonable physician judgment. As such, the request is non-certified.

Follow-up visit with psychiatrist for treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

Decision rationale: The clinical documentation stated that the patient was noted to have anxiety and depression. There was a lack of documentation noting subjective and objective findings, with the exception of the patient complaining of having nightmares, to warrant a followup visit with a psychiatrist for treatment. The patient was noted to have had a previous psychiatric evaluation approved. The efficacy of this treatment was not submitted with the request. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicate that psychosocial evaluations should determine if further psychosocial interventions are indicated, and interpretations of the evaluation should provide clinicians with a better understanding of the patient, thus allowing for more effective rehabilitation. As such, the decision for a followup visit with a psychiatrist for treatment is non-certified.

Ultram 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78.

Decision rationale: Recent clinical documentation stated that the patient complained of more frequent headaches and dizziness, and he reported that his medications do not work. Objective findings included tenderness to palpation along the right and left cervical and lumbar spines and stiffness with range of motion. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicate that tramadol is a synthetic opioid affecting the central nervous system. The guidelines recommend the ongoing review and documentation of the patient's pain relief, functional status, appropriate medication use and side effects for patients prescribed opioids for pain management. There was no pain assessment noted for the patient, and his pain relief was not documented before and after taking the pain medication. Furthermore, there were no functional benefits noted which could be objectively measured due to the use of tramadol. The submitted documentation did not give evidence that the patient had any significant relief or functional improvements as a result of this medication. Therefore, the decision for Ultram 150 mg #30 is non-certified.

Prilosec 20mg #60: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicate that for patients at intermediate risk for gastrointestinal events and no cardiovascular disease, a nonselective Nonsteroidal anti-inflammatory drugs, (NSAID) with either a proton pump inhibitor, for example 20 mg omeprazole daily or misoprostol, is recommended. The guidelines state that long-term proton

pump inhibitor use has been shown to increase the risk of hip fracture. There was no rationale given for the request for Prilosec 20 mg with the exception of to protect gastric mucosa. There was no evidence given that the patient was at an intermediate risk for gastrointestinal events. There was no objective or subjective findings of the patient having gastrointestinal distress due to the use of Nonsteroidal anti-inflammatory drugs, (NSAIDs). Therefore, the decision for Prilosec 20 mg #60 is non-certified.