

Case Number:	CM13-0022745		
Date Assigned:	12/27/2013	Date of Injury:	04/24/2013
Decision Date:	03/17/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/10/2013

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 55-year-old male who reported an injury on 04/24/2013. The patient reportedly felt a pop in his lower back while unrolling a hose. The patient is diagnosed with herniated nucleus pulposus with right radiculopathy, severe degenerative joint disease from L4 through S1 bilaterally, severe right radiculopathy, obesity, anxiety, and insomnia. The patient was seen by [REDACTED] on 08/13/2013. The patient reported severe pain in the lower back rated 8/10. Physical examination revealed stiffness, guarding, tenderness to palpation, trigger points, spasm, limited lumbar range of motion, and decreased sensation. Treatment recommendations included physical therapy 3 times per week for 6 weeks, as well as prescriptions for Naprosyn 550 mg, Prilosec 20 mg, Xanax 1 mg, tramadol ER 150 mg, and a referral to pain management for epidural steroid injection, and a referral to an internal medicine physician for a weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 3 x 6: Upheld

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

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

Decision rationale: The MTUS Guidelines indicate that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. According to the documentation submitted, the employee does demonstrate musculoskeletal and neurological deficits; however, the request for 18 sessions of physical therapy exceeds guideline recommendations. Based on the clinical information received, the request is non-certified.

Pain management epidurals: Upheld

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

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

Decision rationale: The MTUS Guidelines indicate that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. According to the documentation submitted, the employee does demonstrate decreased range of motion, decreased sensation, and positive straight leg raising. However, there were no imaging studies provided for review. There is also no evidence of an exhaustion of conservative treatment prior to the request for a pain management consultation. Based on the clinical information received, the request is non-certified.

Int medical - weight loss: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Weight Loss Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92, Chronic Pain Treatment Guidelines Page(s): 7.

Decision rationale: The MTUS/ACOEM Practice Guidelines indicate that referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. The MTUS Guidelines further indicate that independent self management is the long-term goal of all forms of functional restoration. According to the documentation submitted, there is no indication that this employee has tried and failed weight loss with diet and exercise prior to the request for a specialty consultation. The medical necessity has not been established. Therefore, the request is non-certified.

Xanax 1 mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The MTUS Guidelines indicate that benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. According to the documentation submitted, the employee does maintain a diagnosis of anxiety. However, the MTUS Guidelines indicate that a more appropriate treatment for anxiety disorder is an antidepressant. As guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.

Prilosec 20 mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The MTUS Guidelines indicate that proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the employee does not meet criteria for the requested medication. As such, the request is non-certified.