

Case Number:	CM13-0028644		
Date Assigned:	11/27/2013	Date of Injury:	03/26/2013
Decision Date:	04/25/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/25/2013

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 & 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 female who reported an injury on 03/26/2013. The mechanism of injury was reported to be that the patient was thrown on a mat during a physical training exercise while working for the police department and sustained a low back injury. The patient had an MRI of the lumbar spine on 05/30/2013 that revealed a bilateral L5 pars defect with grade I L5-S1 spondylolisthesis, a 4 mm leftward disc herniation at L5-S1 causing mild to moderate narrowing of the left neural foramen with contact at the exiting left L5 nerve root, no significant central canal narrowing at any level, and posterior angulation and displacement of the tip of the conus medullaris at the level of L2 which raised the possibility of spinal cord tethering. The patient was approved for 12 supervised physical therapy sessions. The clinical note dated 11/11/2013 stated that the patient complained of pain to the low back with radiating pain into the left lower extremity. The initial evaluation dated 12/09/2013 indicated that the patient had participated in 7 visits of physical therapy. The documentation stated that the patient returned to physical therapy with reports of symptoms improving. The patient reported that the left leg symptoms had decreased although she continued to have left-sided low back pain. The patient rated her pain at a 1/10 to 2/10, which would increase to a 6/10 with prolonged standing for greater than 20 minutes. Active range of motion with lumbar extension was greater than 25 degrees with no impairment; passive hip extension was greater than 10 degrees with no impairment. Passive hip flexion was greater than 120 degrees with no impairment, and passive range of motion with hip internal rotation was greater than 35 degrees with no impairment. Lower extremity muscle strength was 5/5. The progress report dated 12/09/2013 stated that the patient continued to complain of low back pain. The physical examination revealed tenderness to the lumbar spine and spasms. Flexion was 60 degrees; extension was 20 degrees, and

bilateral lateral bending was 20 degrees. The patient was recommended for a bone scan, retro Duexis and additional physical therapy for 3 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

BONE SCAN TO RULE OUT PARS DEFECT FRACTURE: 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), Section Procedure Summary - Low Back, Bone Scan.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Low Back, Bone Scan.

Decision rationale: The MTUS/ACOEM guidelines do not address the request. The Official Disability Guidelines do not recommend bone scans, except for bone infections, cancer or arthritis. The guidelines indicate that bone scans use intravenous administration of tracer medications to show radioactive uptake to detect metastases, infection, inflammatory arthropathies, significant fracture or other significant bone trauma. The employee complained of low back pain; however, the documentation does not show evidence of either metastases, infection, inflammatory arthropathies, or significant fracture. Given the lack of documentation to support the guideline criteria, the request is non-certified.

RETRO DUEXIS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section NSAIDs, GI symp.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section NSAIDs Page(s): 98.

Decision rationale: The MTUS guidelines indicate that NSAIDs for chronic low back pain are recommended as an option for short-term symptomatic relief. Duexis (ibuprofen/famotidine) is a medication used to treat arthritis in patients who might have stomach problems. The employee was using ibuprofen 800 mg as needed in addition to Protonix. The documentation does not show evidence of a need for additional nonsteroidal anti-inflammatories and gastrointestinal medication. Also, the documentation does not show how long the employee has been using Duexis. The guidelines recommend NSAIDs for short-term symptomatic relief. Given the lack of documentation to support the guideline criteria, the request is non-certified.

PHYSICAL THERAPY 3 x 4 (12 VISITS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Low Back, Physical Therapy.

Decision rationale: The MTUS/ACOEM guidelines do not address physical therapy for herniated discs, pars defects or spondylolisthesis. The Official Disability Guidelines recommend physical therapy at 10 visits over 8 weeks. The employee complained of low back pain; however, no objective clinical documentation was submitted for review to show evidence of continued functional deficits from the employee's previous physical therapy. Also, the documentation does not indicate that the employee is participating in a home exercise program. Given the lack of documentation to support the guideline criteria, the request is non-certified.