

Case Number:	CM13-0033682		
Date Assigned:	12/06/2013	Date of Injury:	11/29/2011
Decision Date:	05/02/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/10/2013

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, shoulder, neck, and bilateral lower extremity pain reportedly associated with an industrial injury of November 29, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; unspecified amounts of aquatic therapy over the life of the claim; injection therapy; prior functional capacity testing; and extensive periods of time off of work. In a Utilization Review Report of September 9, 2013, the claims administrator approved a request for Vicodin, denied a request for physical therapy, denied a Functional Capacity Evaluation, denied Prilosec, and denied oral Voltaren. The applicant's attorney subsequently appealed. An October 18, 2013 progress note is notable for comments that the applicant is a former food service worker. She is depressed. She reports ongoing multifocal pain, 5/10. She is given a diagnosis of cervical strain, radiculitis of left upper extremity, frozen left shoulder, impingement syndrome of the shoulder, shoulder tendinitis, shoulder synovitis, low back pain, knee pain, ankle pain, and depression. Extended release tramadol, Flexeril, Prilosec, Zofran, and Wellbutrin are endorsed. Zofran is apparently endorsed to counter nausea associated with NSAID usage. The applicant is placed off of work, on total temporary disability, and asked to follow up in one month. It is stated on an earlier note of June 6, 2013 that a functional capacity assessment is needed to perform an accurate impairment rating.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE PHYSICAL THERAPY 3 TIMES A WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Physical Medicine, Page(s): 88,99.

Decision rationale: The 18 sessions of physical therapy alone, in and of themselves, would represent treatment well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. In this case, the employee has, moreover, had unspecified amounts of physical therapy over the life of the claim. The employee has failed to return to work. The employee remains highly reliant on various medical treatments. There has, thus, been no evidence of functional improvement which would justify further treatment beyond the guidelines. Therefore, the request is not certified, on Independent Medical Review.

FCA (FUNCTIONAL CAPACITY ASSESSMENT): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Work Hardening, Work Conditioning, Page(s): 125. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) pgs. 137-138.

Decision rationale: As noted on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, Functional Capacity Testing can be employed as a precursor to enrolment in a work hardening or work conditioning program. In this case, however, there is no mention of the employee intending to enroll in a work hardening or work conditioning course. As further noted in the Chapter 7 ACOEM Guidelines on pages 137 and 138, FCE testing is overused, widely promoted, overtly promoted, and not necessarily an accurate representation or characterization of what an applicant can or cannot do in the workplace. In this case, the employee is off of work, on total temporary disability and has remained off of work for what appears to be over two years. In all likelihood, the employee did not have a job to return to. The employee does not appear to be intent on returning to the workplace and/or workforce. FCE testing is, by definition, superfluous. Therefore, the request is not certified, on Independent Medical Review.

OMEPRAZOLE 20MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs, GI symptoms & cardiovascular risk..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs, Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton pump inhibitors such as omeprazole in the treatment of NSAID-induced dyspepsia, in this case, however, the information on file does not establish the presence of any ongoing issues with dyspepsia, reflux, and/or heartburn, either NSAID-induced or standalone. Therefore, the request is not certified, on Independent Medical Review.

VOLTERAN XR 100MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Voltaren do represent a traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain present here, in this case, however, the employee has failed to effect any lasting benefit or functional improvement through prior usage of the same. The employee remains off of work, on total temporary disability. The employee remains highly reliant on multiple (4+) medications. All of the above, taken together, implies a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of extended-release Voltaren, an anti-inflammatory medication. Therefore, the request is not certified, on Independent Medical Review.