

Case Number:	CM13-0048921		
Date Assigned:	12/27/2013	Date of Injury:	07/23/2003
Decision Date:	02/27/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/07/2013

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 Texas. 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 63-year-old male who reported an injury on 07/23/2003. The mechanism of injury was a fall. The patient was diagnosed with lumbar myofascial sprain/strain, lumbar/lumbosacral disc degeneration; lumbar spondylosis without myelopathy, lumbar radiculitis/thoracic radiculitis; lumbar stenosis, knee patellar tendonitis; and knee joint replacement. The patient complains of low back pain which varies with activity and was described as sharp. There was no radiation of pain. The patient did report numbness and tingling in the low back. The patient reported the pain is aggravated with prolonged sitting and lying down. The pain is improved with over the counter Tylenol. The patient rated his pain at 6/10. The patient also report constant bilateral knee pain. The patient report numbness and tingling in the knees that radiates to the shins and feet. The patient reported the pain at a 6/10. The patient also has neck pain. The physical examination revealed decreased range of motion with the lumbar spine. The patient also had bilateral positive straight leg raise. There was tenderness to the patellofemoral and patellar tendon. Recommendations included ice and heat to the areas of discomfort as needed, home exercise program, over the counter nonsteroidal anti-inflammatory and analgesic medications as needed, Celebrex 200 mg, physical therapy for the knees and lumbar spine, and a pain management consultation for lumbar epidural steroid injection. The patient was treated with medication, physical therapy, and diagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

One pain management consultation for lumbar epidural spine injection: 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, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: ACOEM Guidelines state referrals may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. The MTUS Chronic Pain Guidelines state indications for an epidural steroid injection (ESI) include objective findings of radiculopathy on examination corroborated by imaging and/or electrodiagnostic studies and initially unresponsive to conservative care. The patient complained of interment low back pain, constant bilateral knee pain, and neck pain. However, no clinical documentation was submitted for review indicating conservative treatment that had been tried and the patient was unresponsive to. Also, there was a lack of objective findings of radiculopathy on examination to support performing an ESI at this time. Given the lack of documentation to support guideline criteria, the request is not medically necessary and appropriate.

12 Physical Therapy visits: 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: The MTUS Chronic Pain Guidelines states 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. Patients are instructed in and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The patient complained of neck pain, back pain, and bilateral knee pain. However, given the occupational injury date of 07/23/2003, there is no clear indication as to the patient's previous conservative treatment. Given the lack of documentation to support guideline criteria, the request is not medically necessary and appropriate.

One prescription of Celebrex 200mg #60 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30,70.

Decision rationale: The MTUS Chronic Pain Guidelines recommend NSAIDs as an option for short-term symptomatic relief. Celebrex is recommended in patients at immediate risk for gastrointestinal events and no cardiovascular disease. The patient complained of neck pain, bilateral knee pain, and back pain. However, the patient has a history of hypertension. The patient also reported beneficial pain relief with the use of over the counter Tylenol. The documentation submitted does not support medical necessity at this time. Given the lack of documentation to support guideline criteria, the request is not medically necessary and appropriate.

One RA panel test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Claims Administrator based its decision on the Scottish Intercollegiate Guidelines Network (SIGN). Diagnosis and management of psoriasis and psoriatic arthritis in adults. A national clinical guideline. Edinburgh (Scotland): Scottish Intercollegiate Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Physician Reviewer based his/her decision on Web MD, <http://www.webmd.com/rheumatoid-arthritis/guide/blood-tests>

Decision rationale: An RA panel is a blood test used to identify rheumatoid arthritis. The patient complained of low back pain, neck pain, and bilateral knee pain. However, no imaging studies or documentation was submitted for review indicating the patient may have arthritis. Given the lack of documentation to support guideline criteria, the request is not medically necessary and appropriate.