

Case Number:	CM13-0055421		
Date Assigned:	12/30/2013	Date of Injury:	06/14/2001
Decision Date:	05/02/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 expert 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 70 year old female with date of injury 6/14/01. The treating physician report dated 11/6/13 indicates that the patient presents with increased pain affecting the lumbar spine (9/10) that required her to seek treatment in the ER due to a fall caused by weakness of her knees. There are also secondary complaints of neck pain as a result of the fall. The current diagnoses are traumatic arthropathy of site not elsewhere classified 718.86, joint derangement not elsewhere classified of lower leg. The utilization review report dated 11/14/13 denied the request for 4 physical therapy session and Flurbiprofen was non-certified based on lack of guideline support.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 physical therapy sessions:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG), Physical Medicine Guidelines and Knee & Leg (Acute & Chronic): Arthritis (Arthropathy, unspecified)

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

Decision rationale: The patient presents with increased pain affecting the lumbar spine rated a 9/10 as a result of a fall that required treatment in the ER. The patient reported that she fell because of weakness of the knees. The treating physician report dated 11/6/13 states that lumbar flexion is to 50 degrees and extension is limited to 5 degrees with lumbar muscle spasm, tenderness and trigger points noted. There is positive lumbar facet loading bilaterally. The MTUS guidelines indicate that physical therapy is recommended: Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. The patient has a documented flare-up of her chronic lumbar condition and MTUS supports physical therapy. Recommendation is for authorization.

Flurbiprofen 20% cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with increased pain affecting the lumbar spine rated a 9/10 as a result of a fall that required treatment in the ER. The treating physician indicates that Flurbiprofen 20% cream is indicated to treat the patient's lumbar flare-up. The MTUS guidelines do not support the usage of Flurbiprofen 20% cream (NSAID) for the treatment of spine, hip, shoulder or neuropathic pain. NSAID topical analgesics are indicated for osteoarthritis and tendinitis of the knee and elbow or other joints that are amenable to topical treatment. This patient presents with lumbar pain for which topical NSAID is not indicated. Recommendation is for denial.