

Case Number:	CM13-0072031		
Date Assigned:	01/17/2014	Date of Injury:	01/01/1985
Decision Date:	05/08/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/30/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury on January 1, 1985. 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; multilevel lumbar fusion surgery; and at least 24 sessions of physical therapy over the life the claim, per the claims administrator. In a utilization review report of December 2, 2013, the claims administrator partially certified a request for Motrin 800 mg as Motrin 800 mg #60 while denying request for twenty-four (24) additional "orthopedic lumbar treatments." The applicant's attorney subsequently appealed. A September 19, 2013 progress note is notable for comments that the applicant reports persistent low back pain. The applicant is still using a cane to move about, but does report improved standing and walking intolerance. Limited lumbar range of motion is noted. Twenty-four (24) additional sessions of physical therapy are sought for each of the next twenty-four (24) weeks. It is stated that the applicant then needs twenty-four (24) sessions of maintenance therapy every year. Motrin 800 mg is apparently renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION OF MOTRIN 800MG: Overturned

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that anti-inflammatory medications, such as Motrin do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. In this case, the applicant has responded favorably to introduction of ibuprofen. The applicant's pain is seemingly well controlled. The applicant's standing and intolerance are likewise improved. Given the favorable response to previous usage of ibuprofen as defined by the parameters established in the guidelines, the request for additional Motrin 800 mg is certified, on independent medical review.

TWENTY-FOUR (24) ORTHOPEDIC LUMBAR TREATMENTS, PROGRESSIVE RESISTIVE KINETIC ACTIVITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK - LUMBAR & THORACIC (ACUTE & CHRONIC).

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

Decision rationale: The twenty-four (24) sessions of treatment being sought by the attending provider do, in and of themselves, represent treatment in excess of the nine to ten (9 to 10) sessions of physical medicine recommended by the Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts. There was no clear rationale for treatment this far in excess of the guideline was provided. It appears, moreover, that the claimant has reached a plateau with prior treatment. The claimant still has residual physical impairment, and is still using a cane. It does not appear that the claimant has returned to work. There is no evidence of progressively diminishing work restrictions. Therefore, the request for twenty-four (24) additional sessions of physical therapy/"orthopedic lumbar treatment" is not certified, on independent medical review.

TWENTY-FOUR (24) ORTHOPEDIC LUMBAR TREATMENTS, PROGRESSIVE RESISTIVE KINETIC ACTIVITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK - LUMBAR & THORACIC (ACUTE & CHRONIC).

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that the emphasis with physical therapy and physical medicine, during the chronic pain phase of the claim, should

appropriately be on active therapy, active modalities, and self-directed home physical medicine. In this case, the attending provider's request for twenty-four (24) annualized formal sessions of physical therapy/orthopedic treatments does not conform to the guideline parameters or principles. Therefore, the request is not certified, on independent medical review.