

Case Number:	CM14-0001163		
Date Assigned:	01/22/2014	Date of Injury:	05/18/2012
Decision Date:	04/22/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/03/2014

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 Family Medicine, has a subspecialty in Pain 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:

Male claimant sustained a work related injury on 5/8/2012 resulting in chronic back pain. He had a diagnosis of multi-level disc herniations of the lumbar spine and foraminal narrowing. He had additional lumbar facet arthropathy and radiculopathy. An exam note on 9/30/13 indicated he had 3/10 pain with numbness in the left foot. Objective findings included limited range of motion of the lumbar spine. He states the Ibuprofen helps his pain for which he had been taking for over 8 months. A request was made for 12 visits of physical therapy and a follow up in 6 weeks. An exam note on 11/13/13 indicated he had 3/10 pain with numbness in the left foot. Objective findings included limited range of motion of the lumbar spine. He states the Ibuprofen helps his pain. A request was made for 12 visits of physical therapy, Ibuprofen 800 mg tables and a follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) visits of physical therapy to lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The Expert Reviewer's decision rationale: According to the guidelines, therapy for radiculitis is recommended for up to 10 visits over 4 weeks. The request is for 12 visits and exceeds the recommended amount. In addition, after initial education a home based exercise program can be initiated. The 12 visits of therapy are not medically necessary.

Follow-up visit in 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The Expert Reviewer's decision rationale: In this case, the claimant had been coming every month to 6 weeks with essentially an unchanged exam and no specified need for a month interval. In addition, there were no narcotics prescribed that would require close follow-up. Refill could be provided over a 90 day period. The request for a 6 week follow-up is not substantiated and not medically necessary.

Ibuprofen 800 mg: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The Expert Reviewer's decision rationale: The claimant had been on Ibuprofen for many months and beyond a short-time frame indicated by the guidelines. Due to risk of adverse effects and lack of documentation to show failure of medications such as Tylenol, continued use is not medically necessary.