

Case Number:	CM14-0009461		
Date Assigned:	02/14/2014	Date of Injury:	07/31/2013
Decision Date:	06/24/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/24/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine 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 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 injured worker is a 58-year-old female who reported an injury on 07/31/2013. The mechanism of injury was a slip and fall. The documentation of 12/16/2013 revealed the injured worker was taking the medication Celebrex, Nexium, Sonata and lorazepam. The diagnoses included thoracic sprain and strain, lumbar spine sprain and strain with right-sided radiculopathy, closed head trauma and headaches. The treatment plan included medication refills for Vicodin 5/500, Celebrex 200 mg and for physical therapy 2x4 for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEXIUM 40MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK,

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

Decision rationale: The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation indicated the injured worker had been utilizing the medication Nexium; however, there was a lack of documented

efficacy for the requested medication. The duration of use could not be established through supplied documentation. The request, as submitted, failed to indicate the frequency and the quantity for the requested medication. Given the above, the request for Nexium 40mg is not medically necessary.

8 PHYSICAL THERAPY VISITS: 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 Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS Guidelines indicate that physical medicine treatment is recommended with a maximum of 8-10 visits for the treatment of neuralgia, neuritis and radiculitis. The clinical documentation submitted for review indicated the injured worker had utilized physical therapy; however, there was a lack of documentation of objective functional benefit. There was a lack of documentation of objective functional deficits to support the necessity for physical therapy. The request, as submitted, failed to indicate the body part to be treated with the physical therapy. Given the above, the request for physical therapy visits is not medically necessary.