

Case Number:	CM14-0106565		
Date Assigned:	07/30/2014	Date of Injury:	12/08/2009
Decision Date:	08/29/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/09/2014

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 and Rehabilitation 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 injured worker is a 41-year-old female who reported injury on 12/08/2009, caused by an unspecified mechanism. The injured worker's treatment history includes x-ray, medications, surgery, EMG/NCV and MRI. Within the documentation submitted on 02/05/2014, the injured worker had undergone a stenosis, L4-L5 with facet hypertrophy and facet cyst. The injured worker was evaluated on 06/04/2014, and it was documented that the injured worker complained of neck, low back pain. It was noted her bilateral shoulders was resolved. The injured worker stated she had no pain and she feels better since her last visit. The injured worker reported normal bowl movement. Her quality of life was good. Physical examination of the lumbar spine revealed incision to be clean, dry and intact. Lumbar range of motion demonstrated flexion of 40 degrees, extension was 10 degrees, and right/left lateral bend was 15 degrees. Straight leg raise, Braggard's femoral stretch and Kemp's test are all negative bilaterally. Deep tendon reflexes are +2 in the L4 and S1 bilaterally. Medications included, Lunesta, Norco, and Voltaren. Diagnoses included, right L4-L5 radiculopathy, cervical spine radiculopathy and increased liver function test, acute flare-up of lumbar radiculopathy, left lower extremity, acute flare-up of cervical radiculitis, that is post trigger point injection to the right trapezius and levator scapula with 100% relief, disc protrusion at L4-L5 and L5-S1 with left greater than right, L5-S1 nerve root impingement, disc protrusion at L4-L5 is larger measuring 3 mm with stenosis, stenosis and facet arthropathy at L4-L5 and L5-S1 bilaterally, insomnia, obesity, left plantar fasciitis, and status post laminectomy at the bilateral L4-L5. The Request for Authorization rationale form was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT (Physical Therapy) x8, Lumbar Spine, Bilateral Lower Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page(s) 98-100 Page(s): 98-100.

Decision rationale: The request is not medically necessary. The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker had surgery on 02/05/2014 and has already had post-operative physical therapy sessions. The documents submitted lacked outcome measurements of prior physical therapy sessions and home exercise regimen. Given the above, the request for physical therapy X8 lumbar spine, bilateral lower extremities is not medically necessary.

Voltaren XR 100mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs), page(s) 67 Page(s): 67.

Decision rationale: The requested is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend that Motrin is used as a second line treatment after acetaminophen, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. For acute low back pain with sciatica a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen have fewer side effects. There was lack of documentation of outcome measurements of conservative care measurements and home exercise regimen. In addition, the provider failed to indicate long-term functional goals for the injured worker. There was lack of documentation stating the efficiency of the Voltaren XR for the injured worker. There was a lack of documentation regarding average pain, intensity of the pain and longevity of the pain after the Voltaren XR taken by the injured worker. The request for Voltaren XR did not include the frequency or duration. Given the above, the request for the Voltaren XR 100 mg # 30 is not medically necessary.