

<b>Case Number:</b>	CM14-0122014		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/29/2003
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 46-year-old female who sustained a work related injury on 7/29/2003 as a result of her work as a cook at which point she participated in frequent heavy lifting. Since then, she has had a complaint of B/L elbow pain that is aching / sharp in character that radiates down to both wrists that is worse at night. Bilateral wrist hand evaluation identifies a positive Tinel's and Phalen's signs. On an initial encounter dated 11/27/2013, the patient reports having a 5-year history of constant neck and lower back pain with the pain radiating to the bilateral upper extremities that is sharp and numb. Examination identifies tenderness of the cervical paraspinal musculature bilaterally and at the transverse and spinous processes at the C6 and C7 levels. The patient demonstrates normal cervical range of motion with pain elicited by motion. Neurologically, she has strength deficit upon the performance of cervical extension, flexion and side bending and when performing finger abduction bilaterally at 4/5. Spurling test is positive with a diminished triceps reflex bilaterally. Regarding her thoraco-lumbar region, there is a right sided periscapular region and mild midline tenderness of the lumbar spine at L4-5 with a neurological deficit at the left 4/5 quadriceps strength. Diagnostic studies electromyography (EMG) (dated 5/2/14) and nerve conduction velocity study (NCS) (dated 9/20/13) indicates mild to moderate right carpal tunnel syndrome with mild bilateral ulnar neuropathy at the elbows. Her current treatment regimen includes pain medication Celebrex, home exercise program to prevent deconditioning. Request for thoracic and lumbar physical therapy per PR-2 dated 04-07-2014; reason not provided. In dispute is a decision for Physical therapy 12 sessions to thoracic and lumbar spine and Omeprazole 20mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 12 sessions to thoracic and lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 11-12, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical therapy (PT).

**Decision rationale:** Physical Medicine (Therapy) in general it is recommended that active therapy was found to be of greater benefit than passive therapy. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Patients shall be reevaluated following continuation of therapy when necessary or no later than every forty-five days from the last evaluation to document functional improvement to continue physical medicine treatment. Frequency of visits shall be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals. The ODG guidelines authorize 10 physical therapy visits for lumbar strain / sprain over an 8 week period. However, as the request is for 12 total visits exceeds recommended guidelines, it is therefore not medically necessary.

**Omeprazole 20mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

**Decision rationale:** Proton Pump Inhibitors (PPI): ODG Guidelines, recommended for patients at risk for gastrointestinal events. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by non-steroidal anti-inflammatory drugs (NSAIDs). The request is therefore medically necessary.

