MAXIMUS Federal Services

Case Number:	CM14-0126201		
Date Assigned:	08/13/2014	Date of Injury:	10/08/2012
Decision Date:	09/16/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/08/2014

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 Nevada. 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 records presented for review indicate that this 39-year-old gentleman was reportedly injured on October 8, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 7, 2014, indicates that there are ongoing complaints of low back pain. Norco is stated to reduce the injured employee's pain by 25% and allow him to have increased activity. The physical examination demonstrated tenderness along the midline paraspinous muscles. There was decreased range of motion of the lumbar spine limited by pain. Neurological evaluation indicated decreased sensation in the right L4, L5, and S1 dermatomes. There was also decreased muscle strength of 4/5 with the right-sided extensor hallucis longus and tibialis anterior. Diagnostic imaging studies of the lumbar spine indicated a broad-based disc bulge at L5-S1 which butts the anterior S-1 nerve roots. There was also mild spondylosis at L3-L4, L4-L5, and L5-S1. Electrodiagnostic studies of the lower extremities were normal. Previous treatment includes two epidural steroid injections, and chiropractic care and acupuncture. A request had been made for six visits of physical therapy for the back, Hydrocodone, and Omeprazole and was not certified in the pre-authorization process on August 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 visits of Physical Therapy for the back: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: According to the progress note dated July 7, 2014, it was stated that the injured employee has not participated in any previous physical therapy. However, the American College of Occupational and Environmental Medicine specifically states that physical therapy for the lower back should include 1 to 2 visits for education, counseling, and an evaluation of a home exercise program. As this request is for six visits, the request for six visits of physical therapy for the back is not medically necessary.

#60 Hydrocodone/APAP 10/325 mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78, 88, 91.

Decision rationale: According to the progress note dated July 7, 2014, the injured employee stated to have 25% decrease pain and 30% increased functional ability with the usage of Hydrocodone. Although the previous utilization management review has indicated elevated liver enzymes, this has been identified in the recent progress note and the injured employee was encouraged the minimum amount of pain medications needed. As such, this request for Hydrocodone/APAP is medically necessary.

#60 Omeprazole 20 mg Capsules: 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 Page(s): 68-69.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a G.I. disorder. Additionally, the injured employee does not have a significant risk factor for potential G.I. complications as outlined by the MTUS. Therefore, this request for Prilosec is not medically necessary.