

<b>Case Number:</b>	CM14-0161306		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	07/16/2010
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 40-year-old female with a 7/16/10 date of injury. At the time (7/10/14) of request for authorization for physical therapy 2 times per week for 4 weeks, consultation with internist, consultation with rheumatologist, naproxen sodium 550mg #60, and Omeprazole 20mg #60, there is documentation of subjective complaints of low back pain radiating to bilateral legs with numbness/tingling, neck pain radiating to both shoulders, and abdominal pain. Objective findings include tenderness over paracervical, trapezial, as well as paralumbar muscle, restricted cervical range of motion, and decreased sensation over C4-5 dermatome. The current diagnosis includes cervical spine sprain/strain and lumbar spine sprain/strain. Treatments to date are chiropractic therapy, previous physical therapy, and medications, including ongoing treatment with Naproxen and Xanax. Medical report identifies a request for internist regarding patient's abdominal pain and gastritis. Regarding the request for physical therapy, the number of previous treatments cannot be determined; and there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medical services as a result previous physical therapy treatments provided to date. Regarding the request for consultation with internist rheumatologist, there is no documentation that a diagnosis is complex, psychosocial facts are present, or the plan or course of care may benefit from additional expertise. Regarding the request for Naproxen sodium 550mg #60, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Naproxen use to date. Regarding Omeprazole 20mg #60, there is no documentation of gastrointestinal event.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times per week for 4 weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Neck & Upper Back, Physical Therapy (PT) and Non-MTUS Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Official Disability Guidelines (ODG) recommends a limited course of physical therapy for patients with a diagnosis of sprains and strains of back not to exceed 10 visits over 8 weeks, and patients with a diagnosis of sprains and strains of neck not to exceed 9 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain and lumbar spine sprain/strain. In addition, there is documentation of previous physical therapy treatments completed to date. However, there is no documentation of number of previous physical therapy, and if the number of treatments have exceeded guidelines, remaining functional deficits that would be considered exceptional factors to justify going outside of guideline parameters. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medical services as a result previous physical therapy treatments provided to date. Therefore, based on guidelines and a review of the evidence, the request for physical therapy 2 times per week for 4 weeks is not medically necessary.

**Consultation with internist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Office Visits

**Decision rationale:** MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. Official Disability Guidelines (ODG) identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain and lumbar spine sprain/strain. However, despite documentation of a request for internist regarding patient's abdominal pain and gastritis, there is no (clear) documentation that diagnosis is extremely complex, that psychosocial facts are present, or that the plan or course of care may benefit from additional expertise. Therefore, based on guidelines and a review of the evidence, the request for consultation with internist is not medically necessary.

**Consultation with rheumatologist:** 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), Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office visits

**Decision rationale:** MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. Official Disability Guidelines (ODG) identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain and lumbar spine sprain/strain. However, there is no documentation that diagnosis is uncertain or complex, psychosocial facts are present, or that the plan or course of care may benefit from additional expertise. In addition, there is no documentation of a rationale identifying the medical necessity of the requested consultation. Therefore, based on guidelines and a review of the evidence, the request for consultation with rheumatologist is not medically necessary.

**Naproxen sodium 550mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Non-MTUS Title 8, California Code of Regulations, Section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back

pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of non-steroidal anti-inflammatory drugs (NSAIDs). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical service. Within the medical information available for review, there is documentation of diagnosis of cervical spine sprain/strain and lumbar spine sprain/strain. In addition, there is documentation of pain. However, given documentation of ongoing treatment with Naproxen, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Naproxen use to date. Therefore, based on guidelines and a review of the evidence, the request for Naproxen sodium 550mg #60 is not medically necessary.

**Omeprazole 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Proton Pump Inhibitors (PPIs)

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple non-steroidal anti-inflammatory drugs (NSAIDs). Official Disability Guidelines (ODG) identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain and lumbar spine sprain/strain. In addition, despite documentation an associate request for internist regarding patient's abdominal pain and gastritis, and on-going treatment with Naproxen (NSAIDs), there is no (clear) documentation of gastrointestinal event (history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID). Therefore, based on guidelines and a review of the evidence, the request for Omeprazole 20mg #60 is not medically necessary.