

Case Number:	CM14-0164132		
Date Assigned:	10/08/2014	Date of Injury:	09/04/2009
Decision Date:	11/10/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/06/2014

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, 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 54-year-old male who reported injury on 09/04/2009. The mechanism of injury was not provided. The injured worker's diagnoses included L4-5 degenerative disc bulge with left L5 radicular pain and numbness, status post right total knee replacement. The injured worker's past treatments included medications and physical therapy. The injured worker's diagnostic testing included Epidurogram of the left L3 and L4, on 02/22/2013, which revealed no evidence of epidural adhesion. The injured worker's surgical history was not provided. On the clinical note dated 10/07/2014, the injured worker complained of 50% increase in his back pain with tingling along the left lateral knee. The injured worker had lumbar flexion 20 degrees, squatting caused right anterior knee pain, L4-5 and L5-S1 interspaces were tender, flexibility of the right quadriceps was 70 degrees, left was 120 degrees. The injured worker's medications included aspirin 325 mg a day. The request was for 8 sessions of physical therapy, creatinine labs, and liver functional panel. The rationale for the request was to restore spinal knee range of motion, improve function, and due to continued use of over the counter non-steroidal. The Request for Authorization form was submitted on 08/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: The request for 8 sessions of physical therapy is not medically necessary. The injured worker is diagnosed with L4-5 degenerative disc bulge with left L5 radicular pain and numbness and status post right total knee replacement. The injured worker complained of a 50% increase in his back pain with tingling along the left lateral knee. The California MTUS Guidelines state 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. The guidelines recommend 9 to 10 visits over 8 weeks. There is a lack of documentation indicating the injured worker's previous physical therapy number of visits and efficacy of the prior therapy. Additionally, the request does not indicate the site in which physical therapy is being requested for. As such, the request for 8 sessions of Physical Therapy is not medically necessary.

Lab - Creatinine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 70-73.

Decision rationale: The request for lab - creatinine is not medically necessary. The injured worker is diagnosed with L4-5 degenerative disc bulge with left L5 radicular pain and numbness and status post right total knee replacement. The injured worker complains of 50% increase in his back pain with tingling along the left lateral knee. The California MTUS Guidelines recommend NSAIDs with cautions. The guidelines state for hepatic use: use with caution in patients with moderate hepatic impairment and not recommended for patients with severe hepatic impairment. Borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs. For renal, the guidelines state use of NSAIDs may compromise renal function. FDA medication guide is provided by FDA mandate on all prescriptions dispensed for NSAIDs. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile including liver and renal function tests. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, with an interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended. The medical records indicate the injured worker was encouraged to start aspirin 325 mg a day; however, there is a lack of documentation stating the injured worker is taking over the counter non-steroidal. The medical records lack documentation of the injured worker having hepatic impairment or renal impairment. As such, the request for lab - creatinine is not medically necessary.

Lab - Liver functional panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 70-73.

Decision rationale: The request for lab - liver functional panel is not medically necessary. The injured worker is diagnosed with L4-5 degenerative disc bulge with left L5 radicular pain and numbness and status post right total knee replacement. The injured worker complains of 50% increase in his back pain with tingling along the left lateral knee. The California MTUS Guidelines recommend NSAIDs with cautions. The guidelines state for hepatic use: use with caution in patients with moderate hepatic impairment and not recommended for patients with severe hepatic impairment. Borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs. For renal, the guidelines state use of NSAIDs may compromise renal function. FDA medication guide is provided by FDA mandate on all prescriptions dispensed for NSAIDs. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile including liver and renal function tests. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, with an interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended. The medical records indicate the injured worker was encouraged to start aspirin 325 mg a day; however, there is a lack of documentation stating the injured worker is taking over the counter non-steroidal. The medical records lack documentation of the injured worker having hepatic impairment or renal impairment. As such, the request for lab - liver functional panel is not medically necessary.