

Case Number:	CM14-0024701		
Date Assigned:	05/12/2014	Date of Injury:	12/20/2004
Decision Date:	07/18/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/24/2014

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 Orthopedic Surgery, has a subspecialty in and is licensed to practice in New York. 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:

Patient is a 57-year-old male with a date of injury of December 20, 2004. Patient is diagnosed with degeneration and thoracic and lumbar inner vertebral discs. The patient had anterior and posterior spinal fusion from L32 S1 followed by removal of hardware exploration of fusion. The patient continues to have chronic back pain. The patient takes narcotics. The patient has participated exercise program. He continues to have chronic back pain. Physical examination reveals reduced range of motion of the back. There is muscle spasm and tenderness palpation of the back. Straight leg raising test is positive bilaterally. At issue is whether Naprosyn 500 mg twice a day and physical therapy 3 times a week for 6 weeks is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 500 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines NSAIDS.

Decision rationale: The medical records indicate that the patient is having worsening pain after conservative measures. However, the medical records do not document specific medication

usage and duration of treatment. More documentation is needed to establish the timeline for medication usage. At the present time, Naprosyn 500 mg is not supported in the medical records. More documentation as needed to establish the length and usage of NSAID medications and their effectiveness. The request is not medically necessary.

PHYSICAL THERAPY THREE TIMES PER WEEK FOR SIX WEEKS FOR THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The medical records do not established a medical necessity for additional physical therapy visits. Records do not document the patient is participating in home program. However previous treatment to include previous physical therapist and duration of treatment are not adequately document. Additional formal physical therapy visits in addition to home physical therapy is not medically necessary. The need for additional physical therapy is not documented in well established in the medical records with respect to prior treatment for the patient's chronic degenerative back pain. Additional formal physical therapy visits or not supported by the current medical records. The request is not medically necessary.