MAXIMUS Federal Services

Case Number:	CM14-0032960		
Date Assigned:	04/23/2014	Date of Injury:	05/02/2007
Decision Date:	07/03/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/18/2014

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 2, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; multiple lumbar spine surgeries, including fusion and subsequent hardware removal; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; and extensive periods of time off of work. In a utilization review report dated January 24, 2014, the claims administrator denied a request for eight sessions of physical therapy and also denied a request for Prilosec. The claims administrator did not, however, incorporate any cited guidelines into its rationale. The claims administrator, furthermore, cited the postsurgical treatment guidelines in section 9792.24.3 despite the fact that the applicant was over seven months removed from the most recent surgery. The applicant's attorney subsequently appealed. On March 24, 2014, the applicant was described as off of work, on total temporary disability. The applicant was described as still having issues with stomach and reflux disease at that point in time. The applicant continued to express GI irritation secondary to chronic usage of antiinflammatory medications, it was suggested. Tramadol was endorsed. The applicant was asked to obtain eight sessions of physical therapy and remain off of work, on total temporary disability. The applicant's case and care were described as complicated by diabetes.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, 2 TIMES A WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE; 9792.20F Page(s): 8; 99.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 8 to 10 sessions of treatment for radiculitis, the diagnosis reportedly present here, in this case, however, it has not been clearly stated how much prior physical therapy the applicant has had over the life of the claim. As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is needed at various milestones in the treatment program so as to justify continued treatment. In this case, however, the applicant remains off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on various medications, including tramadol. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite earlier completion of unspecified amounts of physical therapy over the life of the claim. Therefore, the request for additional physical therapy is not medically necessary.

PRILOSEC 20MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated in the treatment of Non-Steroidal Anti-Inflammatory Drugs (NSAID)-induced dyspepsia, as is present here. In this case, the applicant is apparently reporting ongoing issues with NSAID-induced dyspepsia. Ongoing usage of omeprazole or Prilosec to combat the same is therefore medically necessary.