

Case Number:	CM14-0034834		
Date Assigned:	06/20/2014	Date of Injury:	11/21/2013
Decision Date:	07/29/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/20/2014

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, has a subspecialty in Interventional Spine 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 patient is a 53-year-old male with date of injury of 11/21/2013. The listed diagnoses dated 02/12/2014 are: 1. Lumbosacral spine sprain/strain. 2. Right lumbar radiculitis. 3. Lumbar degenerative disk syndrome - lumbar spondylosis. According to this progress report, the patient complains of intermittent slight to moderate pain with soreness, stiffness, pressure, pulling, and tightness at the lumbar spine. He has radiation of pain to the right thigh. There are no reports of bowel or bladder dysfunction. The physical exam shows the patient stands with a straight posture and walks with normal gait. Shoulders are level, head and neck straight, waistline equal, and there is no thoracic shift. Knees and toes are normal bilaterally. Arches are pronated flat bilaterally. The right side of the lumbar spine was tender. He was able to perform toe gait with increased lumbar spine pain. There was residual apprehension with movements of the lumbar spine with flexion and extension. Range of motion of the lumbosacral spine upon flexion is 60% with increased pain, extension 20% with increased pain. Sensation was normal to pinprick to light touch in both lower extremities. Motor power was equal and symmetrical bilaterally with manual stress testing. Straight leg raising was negative bilaterally. The utilization review denied the request on 02/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: This patient presents with back pain. The physician is requesting Prilosec. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms & cardiovascular risk states it is recommended with precaution for patients at risk for gastrointestinal events: 1. Age is greater than 65. 2. History of peptic ulcer or GI bleed or perforation. 3. Concurrent use of ASA or corticosteroids and/or anticoagulants. 4. High-dose multiple NSAIDs. The review of records show that the patient was first prescribed Prilosec on 02/12/2014. The patient's current medications are: Flexeril, Naproxen, Cyclobenzaprine, and Norco. The report dated 03/04/2014 documents, "Patient has a history of sensitivity to any anti-inflammatory medication." It appears that the physician prescribed this medication in conjunction with Naproxen. However, aside from a documented "sensitivity to anti-inflammatory" the physician does not document any particular side effects from the use of Naproxen. MTUS does not recommend the routine use of PPIs with no documentation of GI risk assessment. Recommendation is for denial.

Additional physical therapy for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines, procedure summary, low back, physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS pages 98,99 has the following:Physical Medicine Page(s): 98,99.

Decision rationale: This patient presents with back pain. The physician is requesting additional physical therapy for the lumbar spine. Based on the physician's report dated 02/12/2014, the request is for 12 additional PT sessions. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The physical therapy report dated 12/18/2013 shows that the patient received 6 treatments. The therapy report dated 01/27/2014 documents that the patient has made no significant change since his last report. He continues to complain of constant 4-5/10 lumbar pain. The patient has difficulty performing high level core stabilization due to weakness. The report dated 02/12/2014 documents, "He has had about 6 to 7 physical therapy treatments with partial improvement." In this case, the patient has received some 10 visits of physical therapy with only partial improvement. The MTUS Guidelines page 8 on chronic pain requires satisfactory response to treatment including increased level of function or improved quality of life. Given the lack of functional improvement with physical therapy, the requested 12 additional sessions is not medically necessary. The requested 12 in combination with the previous 10 sessions exceeds MTUS guidelines. Recommendation is for denial.

