MAXIMUS Federal Services

Case Number:	CM14-0036656		
Date Assigned:	06/25/2014	Date of Injury:	09/17/2010
Decision Date:	08/18/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/26/2014

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 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 records, presented for review, indicate that this 55-year-old female was reportedly injured on September 17, 2010. The mechanism of injury was noted as a hand laceration while picking up the trash. The most recent progress note, dated May 12, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a decrease in lumbar spine range of motion and increasing tolerance to walking, sitting and standing. The pain level was described as 6/10. Transition to home exercise protocol was noted. Diagnostic imaging studies were not reviewed. Previous treatment included physical therapy, multiple medications and treatment for acid reflux disease. A request was made for acupuncture, physical therapy and medications and was not certified in the pre-authorization process on February 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to lumbar four (4) sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, 2014 web based edition.MTUS Guidelines, web-based edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 98-99 OF 127.

Decision rationale: When noting the date of injury, the mechanism of injury, the physical therapy order completed and the findings in the current physical examination, there was insufficient clinical evidence presented to support the need for any additional physical therapy. The medical necessity has been obviated, when it is noted that this individual has been transitioned to home exercise program.

Voltaren ER 100mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111 OF 127.

Decision rationale: When noting the date of injury, the injury sustained, the current complaints and physical examination offered and by the parameters outlined in the MTUS, there is no clinical indication for this non-steroidal anti-inflammatory medication. This particular medication is indicated for short-term use only for osteoarthritis. There is no indication for chronic or long-term use, as such, the medical necessity is not been established.

Prilosec 20mg (unspecified amount): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 68 OF 127.

Decision rationale: When noting the medical records presented for review, and there was no indication of a current gastrointestinal reflux disease, there is insufficient clinical evidence to support this request. Furthermore, the use of the non-steroidal anti-inflammatory has not been determined to be medically necessary. As such, there is no medical necessity for this proton pump inhibitor.