

Case Number:	CM14-0190579		
Date Assigned:	11/24/2014	Date of Injury:	12/11/2013
Decision Date:	01/09/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/14/2014

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:

This individual is a 34 year old male who developed persistent low back pain subsequent to a slip and fall on 12/11/13. The early treating physician was a spinal specialist who concluded that there was no basis for the ongoing pain. No radicular component was found. Treatment consisted of extensive physical therapy of 3 X's per week for 3 months (per the QME history). Both the early initial physician and the QME evaluator clear state that physical therapy was not beneficial. Subsequently, he has returned to full duties with his level of discomfort increasing with activity. MRI studies reveal mild disc bulging in the lower levels along with mild neuroforaminal narrowing at L5-S1. Electrodiagnostic studies were negative. The current treating physician requests additional physical therapy, but there is no documentation that the requesting physician reviewed the extent of prior therapy. The QME physician documents benefits from the Mobic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 7.5mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22, 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67, 68.

Decision rationale: The MTUS Guidelines point out that NSAID's may have limited benefits for low back pain, but the Guidelines do not preclude their use. The QME physician clearly documents benefits from the Mobic and while utilizing it this individual has returned to full duties and has maintained this status for several months. No other analgesics are being utilized. Under these circumstances, the Mobic 7.5mg #60 is medically necessary.

Physical therapy, 2x4, 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 Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy

Decision rationale: The MTUS Guidelines recommends from up to 8-10 sessions of physical therapy as adequate for most chronic painful musculoskeletal conditions. the ODG Guidelines recommend up to 10 sessions as adequate for this individuals condition. The records indicate that the amount of therapy has far exceeded Guideline recommendations and that it was not beneficial. There are no unusual circumstances to justify an exception to Guideline recommendations. The request for an additional 2 x 4 sessions of physical therapy is not medically necessary.