

Case Number:	CM14-0205079		
Date Assigned:	12/17/2014	Date of Injury:	09/09/2013
Decision Date:	02/11/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/08/2014

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, neck, and shoulder pain reportedly associated with an industrial injury of September 9, 2013. In an December 5, 2014 Utilization Review Report, the claims administrator denied a request for six sessions of physical therapy, denied Prilosec, partially approved a Naprosyn containing cream, and denied six sessions of acupuncture. The claims administrator stated in the body of its report that it was denying Naprosyn containing cream, but then stated in another section of the note that it was partially approving the Naprosyn cream. The claims administrator suggested that the applicant had failed to benefit from previous unspecified amounts of acupuncture. The applicant's attorney subsequently appealed. In a handwritten note dated November 18, 2014, difficult to follow, not entirely legible, the applicant reported multifocal complaints of neck, mid back, low back, wrist, and hand pain. The applicant was placed off of work, on total temporary disability, while six sessions of physical therapy and six sessions of acupuncture were endorsed. It was stated that the applicant had issues with GI upset with medications and that topical cream plus Prilosec were being endorsed for that purpose. Psychological stress and anxiety were also evident. The note compromised, in large part, preprinted checkboxes with little-to no narrative commentary. Chiropractic manipulative therapy, functional capacity evaluation, Relafen, and a TENS unit were endorsed on October 13, 2014. The applicant received trigger point injections on November 14, 2014. On October 9, 2014, the applicant was previously placed off of work, on total temporary disability. The applicant was reportedly unchanged. The applicant was using Flexeril as of that point in time. The applicant was asked to undergo physical therapy, acupuncture, extracorporeal shockwave therapy, functional capacity evaluation, and localized intense neurostimulation therapy via

progress note dated August 12, 2014, at which point the applicant was again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy; six (6) sessions (3x2), cervical spine, lumbar spine, bilateral shoulders:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic. Functional Restoration Approach to Chronic Pain Management section.MT.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of nine sessions of physical therapy for myalgias and myositis of various body parts, the diagnosis reportedly present here, this recommendation, however, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was/is off of work, on total temporary disability, despite completion of earlier unspecified amounts of physical therapy over the course of the claim, suggesting a lack of functional improvement as defined in MTUS 9792.20f, despite completion of earlier treatment as recent as August 2014. Therefore, the request for six additional sessions of physical therapy is not medically necessary.

Prilosec 20mg QD #30 with one (1) refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitor such as Prilosec are indicated to combat issues with NSAID-induced dyspepsia. Here, the applicant did apparently develop issues with Relafen-induced dyspepsia in late 2014. Introduction of Prilosec was indicated to combat the same. Therefore, the request was medically necessary.

Naproxen cream BID 60gm with one (1) refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs section. Page(s): 112.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does note that topical NSAIDs are indicated in the treatment of small joint arthritis and/or small joint tendonitis in regions such as the knee, elbow, or other joints, which are amenable to topical application, here, however, the applicant's primary pain generator is the spine, a large area which is not necessarily amenable to topical application. Therefore, the request was not medically necessary.

Acupuncture treatment; six (6) visits (2x3), cervical spine, lumbar spine, bilateral shoulders: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines MTUS 9792.20f..

Decision rationale: The request in question did represent a renewal or repeat request for acupuncture as the applicant had had a prior acupuncture as recently as August 2014. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d notes that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f, in this case, however, the applicant was/is off of work, on total temporary disability, suggesting a lack of functional improvement as defined in section 9792.20f, despite completion of earlier acupuncture in unspecified amounts over the course of the claim. Therefore, the request for additional acupuncture is not medically necessary.