

Case Number:	CM15-0001538		
Date Assigned:	01/12/2015	Date of Injury:	03/27/2013
Decision Date:	03/09/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 49 year old male with a work injury dated and a diagnosis of lumbago. Under consideration are requests for inversion table and Fenoprofen 400mg quantity 120. There is an 11/5/14 progress note that states that the patient has frequent pain in the low back aggravated by bending, lifting, twisting, pulling, prolonged sitting, standing, walking. The pain is sharp. There is radiation into the lower extremities. The pain is unchanged and a 6/10. On exam the patient is no acute distress. The gait is intact. The lumbar spine reveals paravertebral spasm. There is a positive seated nerve root test. There is guarding and restricted standing flexion and extension. There is no clinical instability. Coordination and balance are intact. There is tingling and numbness in the lateral thigh, anterolateral and posterior leg and foot in L5,S1 dermatomal patterns. There is full strength in the EHL and ankle plantar flexioin. L5 and S1 innervated muscles. Ankle reflexes are symmetric. The treatment plan includes Fenoprofen, Omeprazole, Cyclobenzaprine, Tramadol, inversion table, acupuncture, ergonomic work station. The patient continues to work full duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inversion table: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Low Back

Decision rationale: Inversion table is not medically necessary per the MTUS ACOEM Guidelines and the ODG. The MTUS states that traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended. The ODG states that the evidence suggests that any form of traction may not be effective. Neither continuous nor intermittent traction by itself was more effective in improving pain, disability or work absence than placebo, sham or other treatments for patients with a mixed duration of low back pain with or without sciatica. The documentation does not indicate extenuating circumstances to go against guideline recommendations. The request for inversion table is not medically necessary.

Fenoprofen 400mg quantity 120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67-71.

Decision rationale: Fenoprofen 400mg quantity 120 is medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that Fenoprofen can be used for osteoarthritis, ankylosing spondylitis and mild to moderate pain. The documentation does not indicate significant adverse from patient's Fenoprofen use. The documentation indicates that the patient is able to work full unrestricted duty. The request for Fenoprofen 400mg quantity 120 is appropriate and medically necessary.