

Case Number:	CM15-0100011		
Date Assigned:	06/04/2015	Date of Injury:	05/22/2001
Decision Date:	07/16/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/26/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker (IW) is a 56-year-old male who sustained an industrial injury on 05/22/2001. Diagnoses include displacement of intervertebral disc-lumbar, degeneration of lumbar disc, low back pain and depression. Treatment to date has included medications, activity modification, knee injections and surgeries, chiropractic care, physical therapy, epidural steroid injections. Electrodiagnostic testing showed evidence of L5 radiculopathy. Lumbar spine MRI in 2013 showed multi-level degenerative disc disease and facet arthropathy with neuroforaminal compression and L4-5 spondylolisthesis. Epidural steroid injections have benefitted him in varying degrees since 2010. The left total knee arthroplasty was complicated by a post-operative infection. He has been under the care of a psychologist and a psychiatrist for depression and anxiety. According to the progress report dated 4/8/15 the IW reported pain in the low back radiating down the bilateral anterior and lateral thighs to the calf with numbness and tingling. He reported numbness in the last three toes on the left foot and in the right foot. He also complained of left leg weakness when the pain is severe. A request was made for Omeprazole delayed release capsule 20mg, #120 and 6 sessions of aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole delayed release capsule 20mg, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127.

Decision rationale: This claimant was injured 14 years ago. There has been multiple treatments for chronic back issues. There are also reported psychological issues. There is still pain in the low back with numbness and tingling. There is no mention of gastrointestinal risks, or reflux disease. The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. The request is appropriately non-certified based on MTUS guideline review. Therefore the request is not medically necessary.

6 Sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

Decision rationale: This claimant was injured 14 years ago. There has been multiple treatments for chronic back issues. There are also psychological issues. There is still pain in the low back with numbness and tingling. There is no mention of gastrointestinal risks, or reflux disease. There is no mention of the status of an independent home program, or the objective functional outcomes of past therapy. This however is a request for more therapy. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain

focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. This request for more skilled, monitored therapy was appropriately not medically necessary.