

<b>Case Number:</b>	CM15-0141368		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	07/15/2013
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: California

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

### 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 is a 34-year-old male who sustained an industrial injury on 7-15-13. The injured worker was diagnosed as having status post microdiscectomy, degenerative disc disease and edematous changes at L5 to L5 and superficial wound infection healed. Currently, the injured worker reported occasional numbness and minimal pain down the leg. Previous treatments included injection therapy, oral pain medication, status post microdiscectomy L4 to L5 (1-12-15), oral muscle relaxants and physical therapy. Previous diagnostic studies included radiographic studies, a magnetic resonance imaging and an electromyography. The injured work status was noted as modified duties. The injured workers pain level was not noted. Physical examination was notable for lumbar paraspinous muscle spasms, tenderness to palpation along the paraspinous muscles. The plan of care was for Physical Therapy for the lumbar spine, three times a week for four weeks and Celebrex 200 milligrams quantity 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the lumbar spine, three times a week for four weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 98-99 of 127, Postsurgical Treatment Guidelines Page(s): 10-12 and 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Medicine.

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Postsurgical guidelines support up to 16 sessions, with half that amount recommended initially and the other half with documentation of functional improvement. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program yet are expected to improve with formal supervised therapy. Furthermore, the request would appear to exceed the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.

**Celebrex 200mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 22 and 30 of 127.

**Decision rationale:** Regarding the request for celecoxib (Celebrex), Chronic Pain Medical Treatment Guidelines state that Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. Within the documentation available for review, there is no identification of a high risk of GI complications. There is no indication that Celebrex is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested celecoxib (Celebrex) is not medically necessary.