

Case Number:	CM15-0146273		
Date Assigned:	08/06/2015	Date of Injury:	10/31/2014
Decision Date:	09/10/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/27/2015

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, New York, 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 applicant is a represented 38-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 31, 2014. In a Utilization Review report dated June 26, 2015, the claims administrator failed to approve a request for physical therapy and Naprosyn. The claims administrator referenced an RFA form received on June 15, 2015 and associated progress notes of April 21, 2015 and June 2, 2015, in its determination. The applicant's attorney subsequently appealed. In a handwritten progress note dated July 28, 2015, the applicant reported ongoing complaints of low back pain. The note was very difficult to follow, handwritten, and not altogether legible. The applicant had attended seven recent physical therapy treatments, it was reported. The applicant's work status was not furnished. In a progress note dated July 28, 2015, the applicant was placed off of work, on total temporary disability, six weeks, owing to heightened complaints of low back pain radiating to the left lower extremity, 6 to 7/10. Sitting and standing remained problematic, it was reported. The applicant is having difficulty lifting heavy articles, it was reported. The applicant was using Naprosyn for pain relief, it was acknowledged. Somewhat incongruously, the attending provider stated in another section of the note that the applicant was working. The note comprised, in large part, preprinted checkboxes, with little in the way of narrative commentary. No seeming discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3xwk x 2wks lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, updated 5/15/15. Online version.

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

Decision rationale: The request for six sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guideline does support a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant remained off of work, on total temporary disability, it was reported on July 28, 2015. The applicant had apparently received seven sessions of physical therapy in 2015 alone. These seven treatments did not appear to have been particularly successful. The applicant remained off of work. The applicant remained dependent on analgesic medications to include Naprosyn and continue to report difficulty performing activities as basic as sitting, standing, and walking. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e. Therefore, the request was not medically necessary.

Naproxen 550mg/tab: 1 tab BID #60 Refill: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 73.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Anti-inflammatory medications; Functional Restoration Approach to Chronic Pain Management Page(s): 22.

Decision rationale: No, the request for Naprosyn, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medication such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of 'efficacy of medication?' into his choice of recommendations. Here, however, the handwritten progress note of July 28, 2015 was difficult to follow, not altogether legible, and did not incorporate any discussion of

medication efficacy. The fact that the applicant was placed off of work, on total temporary disability, continue to report difficulty performing activities of daily living as basic as sitting and standing, and continue to report pain complaints in the 6 to 7/10 range, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Naprosyn. Therefore, the request was not medically necessary.