MAXIMUS Federal Services

Case Number:	CM15-0148856		
Date Assigned:	08/12/2015	Date of Injury:	07/13/2010
Decision Date:	09/21/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/31/2015

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: Emergency 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 is a 50 year old male, who sustained an industrial injury on July 13, 2010 while working as a delivery man for a floral shop. The injured worker was carrying an order and experienced sharp pain in his low back. The diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc, history of a right-sided disc herniation and persistent right-sided calf weakness. Treatment and evaluation to date has included medications, radiological studies, MRI, trigger point injections, physical therapy and lumbar spine surgery. Documentation dated July 7, 2014 notes that the injured worker completed 9 sessions of physical therapy with 40 % improvement in pain. The injured worker requested 5-6 additional sessions of physical therapy. The current work status was not identified. Current documentation dated June 10, 2015 notes that the injured worker reported low back which radiated down the right leg. The injured worker was noted to walk with an antalgic gait, due to pain. The injured worker stood with a list to the side. Examination of the lumbar spine revealed exquisite tenderness along the right superior iliac crest with a notable trigger point. Range of motion was limited due to spasm and listing. The injured worker had a trigger point injection performed during the visit. The treating physician's plan of care included requests for physical therapy 2 times a week for 6 weeks # 12, Omeprazole (unknown dose and quantity) and Flexeril (unknown dose and quantity).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The requested Physical therapy 2 times a week for 6 weeks, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has low back, which radiated down the right leg. The injured worker was noted to walk with an antalgic gait, due to pain. The injured worker stood with a list to the side. Examination of the lumbar spine revealed exquisite tenderness along the right superior iliac crest with a notable trigger point. Range of motion was limited due to spasm and listing. The injured worker had a trigger point injection performed during the visit. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical therapy 2 times a week for 6 weeks is not medically necessary.

Omeprazole (unknown dose and quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) chapter - Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The requested Omeprazole (unknown dose and quantity), is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has low back, which radiated down the right leg. The injured worker was noted to walk with an antalgic gait, due to pain. The injured worker stood with a list to the side. Examination of the lumbar spine revealed exquisite tenderness along the right superior iliac crest with a notable trigger point. Range of motion was limited due to spasm and listing. The injured worker had a trigger point injection performed during the visit. The treating physician has not documented medication-induced GI complaints nor GI risk factors, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Omeprazole (unknown dose and quantity) is not medically necessary.

Flexeril (unknown dose and quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle relaxants (for pain) - Antispasmodics: Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page 63-66 Page(s): 63-66.

Decision rationale: The requested Flexeril (unknown dose and quantity) is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious that NSAID s and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has low back which radiated down the right leg. The injured worker was noted to walk with an antalgic gait, due to pain. The injured worker stood with a list to the side. Examination of the lumbar spine revealed exquisite tenderness along the right superior iliac crest with a notable trigger point. Range of motion was limited due to spasm and listing. The injured worker had a trigger point injection performed during the visit. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Flexeril (unknown dose and quantity) is not medically necessary.