

<b>Case Number:</b>	CM15-0164544		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	12/09/2014
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: Massachusetts

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 35 year old female, who sustained an industrial injury on 12-09-2014. She has reported injury to the right knee and low back. The diagnoses have included possible lumbar radiculopathy; lumbosacral strain-mild arthrosis with probable neural encroachment; and right knee patellofemoral syndrome. Treatment to date has included medications, diagnostics, injection, acupuncture, and physical therapy. Medications have included Voltaren and Ibuprofen. A progress report from the treating physician, dated 07-09-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continuous pain in her lower back, with pain radiating to her legs with pain extending into her knee; she has weakness in her legs and lower back; her pain increases with prolonged standing, walking, and sitting activities; her pain level varies throughout the day; continuous pain in her right hip; the pain is located in the right groin and side of the hip; she notes pain with prolonged sitting, standing, or walking; the pain of the hip varies; she walks with an uneven gait; recurrent pain in the right knee; the pain is on the backside of the knee and under the knee cap; her pain increases with prolonged walking or standing, flexing and extending the knee, and ascending or descending the stairs; her pain has affected her ability to perform activities of daily living such as exercising at a gym, and prolonged sitting, standing, and walking; and she is not currently working. It is noted in the documentation that the injured worker has had 6 sessions of physical therapy and acupuncture treatments with no benefit. Objective findings included slight posterior lumbar tenderness; she can flex to 85 degrees with pain, extend to 20 degrees; neurological exam of the lower extremities shows motor exam intact in all muscle groups tested; sensation is intact; straight leg raise is negative; there is no swelling or tenderness present at the right hip; the range of motion of the hip is full and equal; there is no swelling or tenderness present at the right knee;

there is no pain with patella compression ; there is a full range of motion of the knee; there is no significant medial or lateral instability; and x-rays of the lumbar spine, right knee, and right hip show no significant abnormalities. The treatment plan has included the request for 12 physical therapy visits for the lumbar spine and Voltaren 75mg #60 with 2 refills.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **12 physical therapy visits for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT); Interferential Current Stimulation (ICS); Exercise; Manual therapy & manipulation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury to the right knee and low back in December 2014. She was seen by the requesting provider on 07/09/15. She had stopped working one month before due to continuous and ongoing pain. Prior treatments had included six sessions of physical therapy and acupuncture without benefit as of 06/15/15. She was having continuous low back pain radiating into the legs and extending to the knee, right hip pain, and recurrent right knee pain. She had a limited sitting, standing, and walking tolerance and was having difficulty bending, stooping, squatting, twisting, and turning. Physical examination findings included a BMI of nearly 35. There was lumbar spine tenderness and decreased and painful range of motion. Straight leg raising was negative. Voltaren was prescribed and she was referred for 12 sessions of physical therapy with a diagnosis of possible lumbar radiculopathy. In terms of physical therapy for lumbar radicular symptoms, guidelines recommend up to 12 treatment sessions over 8 weeks. In this case, she has already had 6 sessions of physical therapy without benefit. The number of additional visits requested is in excess of that recommended or what might be needed to determine whether physical therapy was likely to be any more beneficial. The request is not medically necessary.

#### **60 Voltaren 75mg with 2 refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-73.

**Decision rationale:** The claimant sustained a work injury to the right knee and low back in December 2014. She was seen by the requesting provider on 07/09/15. She had stopped working one month before due to continuous and ongoing pain. Prior treatments

had included six sessions of physical therapy and acupuncture without benefit as of 06/15/15. She was having continuous low back pain radiating into the legs and extending to the knee, right hip pain, and recurrent right knee pain. She had a limited sitting, standing, and walking tolerance and was having difficulty bending, stooping, squatting, twisting, and turning. Physical examination findings included a BMI of nearly 35. There was lumbar spine tenderness and decreased and painful range of motion. Straight leg raising was negative. Voltaren was prescribed and she was referred for 12 sessions of physical therapy with a diagnosis of possible lumbar radiculopathy. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of Voltaren (diclofenac) is up to 150 mg per day. In this case, the requested dosing is within guideline recommendations and is medically necessary.