

Case Number:	CM15-0186674		
Date Assigned:	09/28/2015	Date of Injury:	02/18/2015
Decision Date:	11/04/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/22/2015

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 37 year old male, who sustained an industrial injury on February 18, 2015. The injured worker was diagnosed as having post laminectomy syndrome. Treatment and diagnostic studies to date has included magnetic resonance imaging, microscopic lumbar discectomy on the left lumbar five to sacral one level performed on July 02, 2015, physical therapy, and injections. In a progress note dated August 24, 2015 the treating physician reports complaints of "moderate", intermittent pain to the neck, low back, and the leg with back spasms. Examination performed on August 24, 2015 was revealing for decreased sensation to the sacral one level. The progress notes from August 24 and August 05 of 2015 did not include the injured worker's current medication regimen or the injured worker's numeric pain level as rated on a visual analog scale. On August 24, 2015 the treating physician noted magnetic resonance imaging performed in August of 2015 that was revealing for degenerative joint disease at lumbar five to sacral one. In a progress note dated July 20, 2015 the injured worker's medication regimen included a Medrol Dosepak and Keflex (since at least July of 2015) and the progress note dated June 24, 2015 included the medication regimen of Ibuprofen, Tylenol, and Zanaflex along with prescription for Percocet (since at least June of 2015), but these progress notes provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of this medication regimen to indicate the effects with the use of the injured worker's medication regimen. In a progress note from April 06, 2015 the treating physician noted prior physical therapy of an unknown quantity, but the progress note did not indicate if the injured worker experienced any functional improvement with prior physical

therapy. On August 24, 2015 the treating physician requested the medication of Indocin SR and three times six sessions of physical therapy. On September 03, 2015 the Utilization Review determined the request for Indocin SR (unspecified dosage and quantity) to be modified. On September 03, 2015 the Utilization Review determined the request for eighteen sessions of physical therapy to the lumbar spine to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Indocin SR (unspecified dosage and quantity): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant sustained a work injury in February 2015 when, while working as a police officer, he slipped on stairs at work. On 07/02/15, he underwent a microscopic lumbar discectomy. When seen, he was having moderate pain. Physical examination findings included pain with lumbar flexion. There was a decreased left ankle reflex. Left lower extremity sensation was decreased. He was referred for 18 sessions of post-operative physical therapy and sustained release Indocin was prescribed. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Indocin SR is only available in 75 mg strength and, in patients who have persistent night pain and / or morning stiffness, can be given at bedtime as it being requested. In this case, the requested dosing is within guideline recommendations and medically necessary.

18 physical therapy sessions: lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

Decision rationale: The claimant sustained a work injury in February 2015 when, while working as a police officer, he slipped on stairs at work. On 07/02/15, he underwent a microscopic lumbar discectomy. When seen, he was having moderate pain. Physical examination findings included pain with lumbar flexion. There was a decreased left ankle reflex. Left lower extremity sensation was decreased. He was referred for 18 sessions of post-operative physical therapy and sustained release Indocin was prescribed. After the surgery performed, guidelines recommend up to 16 visits over 8 weeks with a physical medicine treatment period of 6 months. Guidelines recommend an initial course of therapy of one half of this number of visits and, with documentation of functional improvement, a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the requested number of initial post-operative therapy visits is in excess of accepted guidelines and what would be expected to determine whether further therapy was needed or likely to be effective. The request is not medically necessary.