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| Case Number: | CM15-0189743 | | |
| Date Assigned: | 10/01/2015 | Date of Injury: | 07/07/2012 |
| Decision Date: | 11/16/2015 | UR Denial Date: | 09/23/2015 |
| Priority: | Standard | Application Received: | 09/25/2015 |

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 [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of July 7, 2012. In a Utilization Review report dated September 25, 2015, the claims administrator failed to approve requests for eight sessions of physical therapy and omeprazole. The claims administrator referenced an August 28, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On a handwritten note dated August 4, 2015, the applicant reported heightened complaints of neck and shoulder pain with ancillary complaints of headaches. The applicant consulted a spine surgeon; a pain management consultation was endorsed to pursue cervical epidural steroid injection. The applicant was returned to regular duty work. Medication selection and medication efficacy were not, however, discussed or detailed. It was not clearly stated, however, whether the applicant was or was not working. On an earlier note dated July 1, 2015, the applicant was placed off of work, on total temporary disability. Naprosyn was endorsed. No seeming discussion of medication efficacy transpired. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia at this point. On August 20, 2015, the applicant's management physician noted that the applicant had ongoing complaints of neck pain radiating to the upper extremities, 6/10 with medications versus 10/10 without medications. The applicant was using over-the-counter Tylenol for pain relief; it was reported in one section of the note. The applicant had undergone prior cervical epidural steroid injection therapy, carpal tunnel release surgery, and cubital tunnel release surgery, it was reported. The applicant was working without restrictions, treating provider stated in one section of the note.

The applicant exhibited well-preserved grip strength about the bilateral hands in the 90- to- 100-pound range. Somewhat incongruously, the treating provider stated at the bottom of the note the applicant was on total temporary disability following carpal tunnel release surgery, making it difficult to ascertain whether the applicant was or was not working. Norco, Tylenol, and omeprazole were endorsed. The treating provider seemingly suggested that omeprazole was being employed for cytoprotective effect (as opposed to for actual symptoms of reflux). The note was very difficult to follow, was some 7 pages long, and mingled current issues with historical issues throughout the report. The treating provider stated in one section that the applicant had completed four recent weeks of physical therapy treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (visits), QTY: 8.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

Decision rationale: No, the request for eight sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment of myalgias and myositis of various body parts, i.e., 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 improvements is necessary at various milestones in the treatment program in order to justify continued treatment and by commentary made in the MTUS Guideline in the ACOEM Chapter 3, page 48 to the effect that it is incumbent upon the attending provider to furnish a prescription for therapy, which "clearly states treatment goals." Here, however, the attending provider's August 20, 2015 progress note was difficult to follow, did not clearly establish that the applicant had necessarily profited following receipt of four weeks of prior physical therapy. The applicant remained dependent on opioid agents such as Norco. Portions of August 28, 2015 progress note stated the applicant remained off of work, on total temporary disability. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of four prior weeks of physical therapy just prior to the date of the request. The attending provider did not, moreover, clearly state or clearly formulate treatment goals insofar as further physical therapy treatment was concerned. It was not established how the applicant would stand to gain from further treatment, going forward. Therefore, the request was not medically necessary.

Omeprazole DR 20mg, QTY: 45.00: Upheld

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, GI symptoms & cardiovascular risk.

Decision rationale: Similarly, the request for omeprazole, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. The attending provider's August 20, 2015 progress note stated that the applicant was intent on employing omeprazole for cytoprotective effect (as opposed to actual symptoms of reflux). However, the applicant seemingly failed to meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for usage of omeprazole, a proton-pump inhibitor, for cytoprotective effect, which includes evidence that an applicant is 65 years of age and using NSAIDs, evidence that an applicant is using multiple NSAIDs simultaneously, evidence that an applicant is using NSAIDs in conjunction with corticosteroids, and/or evidence that an applicant has a history of prior GI bleeding or peptic ulcer disease. In this case, however, no such history was furnished on the August 20, 2015 office visit at issue. Therefore, the request was not medically necessary.