

Case Number:	CM15-0190836		
Date Assigned:	10/02/2015	Date of Injury:	06/20/2011
Decision Date:	11/18/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	09/28/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65 year old female, who sustained an industrial injury on 6-20-2011. The injured worker was diagnosed as having low back pain, lumbar disc displacement with radiculitis, sacroiliitis, not elsewhere classified, myofascial pain, and hypertension. Treatment to date has included right sacroiliac injection, diagnostic medial branch block injection x2 with subsequent radiofrequency ablation, bilateral transforaminal epidural steroid injection, radiofrequency ablation bilateral L3, 4 and 5, unspecified physical therapy (per Qualified Medical Evaluation 4-13-2015), and medications. Currently (9-18-2015), the injured worker complains of low back pain, rated 8 out of 10 (unchanged from 7-22-2015). She continued working full time modified duty, but reported that her employer was not honoring her work restrictions and requested an updated work status. Her current medications included Gabapentin and Ibuprofen (use since at least 3-2015). Exam noted blood pressure 126 over 76 and heart rate 87. Exam of the lumbar spine noted painful range of motion, motor strength 5+ of 5, "normal" sensation, straight leg raise negative bilaterally until 50 degrees, positive Patrick's-Gleason's test for sacroiliac arthropathy on the right, positive right piriformis stretch test, and positive right side facet loading test. She was encouraged to stay active and engage in a residential home exercise program. The treating physician documented that she had not reached maximum medical improvement, hoping that this could be attained after completing physical therapy and acupuncture. Per the Request for Authorization dated 9-20-2015, the treatment plan included refill Ibuprofen 800mg #90, physical therapy x8 sessions, and acupuncture x8 sessions, non-certified by Utilization Review on 9-28-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg #90: 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): Anti-inflammatory medications.

Decision rationale: The patient presents with lower back pain. The current request is for Ibuprofen 800 mg, quantity 90. The treating physician states on 9/18/15 (29B) "Refill Ibuprofen tablet, 800 mg 1 tab orally TID 30 days, 90." Ibuprofen is a nonsteroidal anti-inflammatory drug (NSAID). It is unclear specifically how long the patient has been taking Ibuprofen but medication is noted historically to at least 3/2/15 (77B). MTUS guidelines state that, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. In this case, the patient has been medicating with Ibuprofen for at least 6 months and there is documentation of decreased pain and improved function. Therefore, the current request is medically necessary.

Physical therapy x 8 sessions: 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): Physical Medicine.

Decision rationale: The patient presents with lower back pain. The current request is for 8 sessions of physical therapy. The treating physician states on 9/18/15 (29B), "I have encouraged the patient to stay active and engage in a regimental home exercise program. I am requesting that she would undergo acupuncture 8 sessions. I am requesting that she has 8 sessions of PT for the lumbar spine health and education and HEP." The Supplemental Panel QME dated 5/18/15 (46B) states "her future medical care should involve medication management and physical therapy for pain." This report also documents the patient has had some physical therapy in the past but does not document the number of sessions or body part. MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy." The clinical reports provided did not specifically address how many sessions of physical therapy have been completed historically, nor exactly when the PT occurred and for which body part. Without a clear picture of what has transpired, a determination as to whether guidelines have been met is not possible. The current request is not medically necessary.

Acupuncture x 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient presents with lower back pain. The current request is for 8 sessions of acupuncture. The treating physician states on 9/18/15 (29B), "I have encouraged the patient to stay active and engage in a regimental home exercise program. I am requesting that she would undergo acupuncture 8 sessions. I am requesting that she has 8 sessions of PT for the lumbar spine health and education and HEP." The clinical records provided indicate that the patient has not received any prior acupuncture treatments. Acupuncture Medical Treatment Guidelines (AMTG) do recommend acupuncture for the treatment of low back complaints. AMTG states, "Time to produce functional improvement: 3 to 6 treatments." In this case, although acupuncture may be warranted the request is for 8 sessions which exceeds what the guidelines recommend. The current request is not medically necessary.