

Case Number:	CM15-0197370		
Date Assigned:	10/12/2015	Date of Injury:	07/17/2012
Decision Date:	11/19/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/07/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 39 year old male, who sustained an industrial injury on 7-17-12. He reported pain in the neck, low back, and shoulder. The injured worker was diagnosed as having moderate to severe degenerative disc disease with disc protrusion at L5-S1, modic type 2 changes, and facet hypertrophy. Other diagnoses included disc degeneration at L4-5 with disc protrusion and central spinal stenosis and bilateral lumbar radiculopathy. Treatment to date has included L4-5 and L5-S1 laminectomy and discectomy on 7-20-15, an unknown number of physical therapy sessions, chiropractic treatment, acupuncture, and medication including Norco and Flexeril. Physical examination findings on 9-2-15 included tenderness to palpation over the lower lumbar spine and paraspinous muscles with paraspinous spasm. Lumbar range of motion was diminished and a straight leg raise test was positive on the right. On 9-2-15, the injured worker complained of back pain rated as 5 of 10. On 9-21-15, the treating physician requested authorization for Naproxen 550mg #60, an x-ray of the lumbar spine, and post-operative physical therapy 3x6 for the lumbar spine. On 9-28-15, Naproxen and the x-ray were non-certified. Physical therapy was modified to 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen 500 mg #60 is medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are moderate to severe degenerative disc disease with disc protrusion at L5-S1; disc degeneration moderate L4-L5 with disc protrusion and congenital central spinal stenosis; and bilateral lumbar radiculopathy. Date of injury is July 17, 2012. Request for authorization is September 21, 2015. According to a September 2, 2015 progress note, the injured worker is status post L4-L5 and L5-S1 laminectomy and discectomy performed July 20, 2015. Subjectively, the injured worker has ongoing complaints of low back pain and leg pain. Pain score is 5/10. Objectively, there is tenderness to palpation and spasm present. Range of motion is decreased. Motor function is 4/5 for dorsi flexion and plantar flexion of the right foot. There is decreased sensation to pin prick over the posterolateral thigh and right calf. The injured worker ambulates with an antalgic gait. Current medications include Norco and Flexeril. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The treating provider initiated Naprosyn 500 mg (in one-month supply). Naprosyn is a first-line non-steroidal anti-inflammatory drug. There are no refills requested. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and a one-month supply of a first line non-steroidal anti-inflammatory drug, Naproxen 500 mg #60 is medically necessary.

X-ray of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): References.

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 section, Radiographs.

Decision rationale: Pursuant to the Official Disability Guidelines, x-ray lumbar spine is not medically necessary. Radiographs are not recommended in the absence of red flags. Lumbar spinal radiography should not be recommended in patients with low back pain in the absence of red flags were serious spinal pathology, even if pain is persistent for six weeks. Indications for

imaging include, but are not limited to, lumbar spine trauma; uncomplicated low back pain, trauma, steroids; uncomplicated low back pain, suspicion of cancer, infection; post surgery, evaluation status of fusion; etc. In this case, the injured worker's working diagnoses are moderate to severe degenerative disc disease with disc protrusion at L5 -S1; disc degeneration moderate L4 -L5 with disc protrusion and congenital central spinal stenosis; and bilateral lumbar radiculopathy. Date of injury is July 17, 2012. Request for authorization is September 21, 2015. According to a September 2, 2015 progress note, the injured worker is status post L4- L5 and L5 -S1 laminectomy and discectomy performed July 20, 2015. Subjectively, the injured worker has ongoing complaints of low back pain and leg pain. Pain score is 5/10. Objectively, there is tenderness to palpation and spasm present. Range of motion is decreased. Motor function is 4/5 for dorsi flexion and plantar flexion of the right foot. There is decreased sensation to pin prick over the posterolateral thigh and right calf. The injured worker ambulates with an antalgic gait. Current medications include Norco and Flexeril. There is no clinical indication in the medical record for x-rays of the lumbar spine. The injured worker has an ongoing chronic radiculopathy. There are no new red flags. There are no significant new subjective symptoms, objective findings, or new trauma. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation indicating an ongoing chronic radiculopathy with no significant new subjective symptoms or objective findings, x-ray lumbar spine is not medically necessary.

Post op physical therapy 3 times per week for 6 weeks for lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, postoperative physical therapy three times per week times six weeks the lumbar spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are moderate to severe degenerative disc disease with disc protrusion at L5- S1; disc degeneration moderate L4 -L5 with disc protrusion and congenital central spinal stenosis; and bilateral lumbar radiculopathy. Date of injury is July 17, 2012. Request for authorization is September 21, 2015. According to a September 2, 2015 progress note, the injured worker is status post L4 -L5 and L5 -S1 laminectomy and discectomy performed July 20, 2015. Subjectively, the injured worker has ongoing complaints of low back pain and leg pain. Pain score is 5/10. Objectively, there is tenderness to palpation and spasm present. Range of motion is decreased. Motor function is 4/5 for dorsi flexion and plantar flexion of the right foot. There is decreased sensation to pin prick over the posterolateral thigh and right calf. The injured worker ambulates with an antalgic gait. Current medications include Norco and Flexeril. The documentation reflects the injured worker has not received physical therapy in the postoperative period. The treating provider requested 18 sessions of physical therapy to the

lumbar spine. The guidelines recommend a six visit clinical trial. With objective functional improvement, additional physical therapy may be clinically indicated. The guidelines recommend 16 physical therapy sessions and the treating provider requested an excessive number of physical therapy sessions (18 visits). Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of a six-visit physical therapy clinical trial and no documentation of objective functional improvement with physical therapy, postoperative physical therapy three times per week times six weeks the lumbar spine is not medically necessary.