

Case Number:	CM15-0201804		
Date Assigned:	10/16/2015	Date of Injury:	08/12/2008
Decision Date:	12/04/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/14/2015

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 74-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of August 12, 2008. In a Utilization Review report dated September 17, 2015, the claims administrator failed to approve requests for 12 sessions of physical therapy and Celebrex. The applicant's attorney subsequently appealed. On an RFA form dated September 14, 2015, an additional 12 sessions of physical therapy were sought. On an associated progress note dated August 24, 2015, the attending provider contended that the applicant's oral and topical medications were attenuating the applicant's pain complaints and improving the applicant's ability to walk in unspecified amounts. The applicant's disability status was "unchanged," the treating provider reported. There was no mention of whether the applicant was or was not working. The attending provider acknowledged that the applicant had completed 6 recent physical therapy treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy for Cervical/Lumbar Spine # 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

Decision rationale: No, the request for an additional 12 sessions of physical therapy for the cervical and lumbar spines was not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment at issue, in and of itself, represented treatment in excess of the 9- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, i.e., the diagnoses reportedly present here. This recommendation is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant's work status was not clearly reported on the August 24, 2015 office visit at issue. The fact that the attending provider reported that the applicant's disability status remained "unchanged" suggested that the applicant was not, in fact, working. Receipt of earlier physical therapy failed to curtail the applicant's dependence on unspecified topical medications and oral agents such as Celebrex. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Celebrex 200 mg One Daily #30, with five refills: Upheld

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 General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: Similarly, the request for Celebrex, a COX-2 inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex can be employed in applicants who are at heightened risk for development of GI complications, here, however, there was no mention of the applicant's having issues with reflux, heartburn, dyspepsia, prior GI bleeding, peptic ulcer disease, etc., which would have compelled provision of Celebrex, a COX-2 inhibitor, over non-selective NSAIDs as of the August 24, 2015 office at issue. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines both stipulate that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, the attending provider's commentary on August 24, 2015 to the effect that the applicant's disability status remained unchanged, coupled with the attending provider's failure to identify meaningful, material, and/or substantive improvements in function achieved as a result of ongoing Celebrex usage, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.