

Case Number:	CM15-0213726		
Date Assigned:	11/03/2015	Date of Injury:	07/30/2008
Decision Date:	12/18/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	10/29/2015

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, Illinois

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 injured worker is a 45 year old male, who sustained an industrial injury on July 30, 2008, incurring low back injuries, left ankle, left foot and right shoulder injuries. He was diagnosed with lumbar strain with disc protrusions, cervical degenerative disc disease, cervical radiculopathy, left shoulder partial rotator cuff tear and a calcaneal fracture. Treatment included anti-inflammatory drugs, surgical interventions of the left ankle and right shoulder, physical therapy and diagnostic imaging. Currently, the injured worker complained of cervical spine pain with reduced range of motion. He noted weakness and aching in the low back increased after his ankle surgery. His chronic pain interfered with his activities of daily living. The treatment plan that was requested for authorization included physiotherapy three times a week for six weeks for the lumbar spine and a request for a prescription for Cialis 5 mg #30. On October 27, 2015, a request for physiotherapy, 18 visits was modified to 6 visits and a prescription for Cialis was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 3 times a week for 6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preface, Low Back Chapter.

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

Decision rationale: The injured worker sustained a work related injury on July 30, 2008. The medical records provided indicate the diagnosis of lumbar strain with disc protrusions, cervical degenerative disc disease, cervical radiculopathy, left shoulder partial rotator cuff tear and a calcaneal fracture. Treatment included anti-inflammatory drugs, surgical interventions of the left ankle and right shoulder, physical therapy. The medical records provided for review do not indicate a medical necessity for Physiotherapy 3 times a week for 6 weeks for the lumbar spine. The requested treatment exceeds the MTUS Chronic Pain Physical Medicine treatment guideline of a fading treatment of 8-10 visits over a 4-8 week period followed by home exercise program.

Cialis 5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/pro/cialis.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain. Decision based on Non-MTUS Citation Medscape, Tadalafil (Cialis) and Vardenafil (Levitra) Recently Approved Drugs for Erectile Dysfunction, <http://www.medscape.com/viewarticle/471785>.

Decision rationale: The injured worker sustained a work related injury on July 30, 2008. The medical records provided indicate the diagnosis of lumbar strain with disc protrusions, cervical degenerative disc disease, cervical radiculopathy, left shoulder partial rotator cuff tear and a calcaneal fracture. Treatment included anti-inflammatory drugs, surgical interventions of the left ankle and right shoulder; physical therapy. The medical records provided for review do not indicate a medical necessity for Cialis 5mg #30. The MTUS is silent on Tadalafil (Cialis), but Medscape identifies it as a medication for the treatment of erectile dysfunction. The medical records do not indicate erectile dysfunction is a listed diagnosis in this worker. The medical records indicate it is being prescribed for pain the MTUS does not recommend it as a medication from chronic pain.