

<b>Case Number:</b>	CM15-0213880		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	10/06/2010
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Massachusetts

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

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59 year old female who sustained a work-related injury on 10-6-10. The injured worker was treated for disc protrusion and foraminal stenosis at L5-S1 bilaterally with right S1 radiculopathy; gradually worsening left S1 radiculopathy, disc space narrowing and collapse; herniated nucleus pulposus at L5-S1 with right more than left radiculitis and radiculopathy at S1; and industrially-related MRI-proven bilateral neuroforaminal stenosis with disc protrusion at L5-S1 rig. The list of documented diagnoses did not include osteoarthritis, acute or chronic back pain or neuropathic pain. She was status post interlaminar laminectomy at L5-S1 bilaterally on 1-7-15 and status post lumbar interlaminar decompression. She reported constant neck pain rated 8 on a 10-point scale (8 on 8-24-15) with radiation of pain to the bilateral shoulder blades and bilateral upper extremities. She reported left shoulder pain rated 7 on a 10-point scale with radiation of pain to the left lower extremity with associated numbness and tingling. She had constant low back pain rated 7 on a 10-point scale (7 on 8-24-15) with radiation of pain to the bilateral buttocks to the bilateral lower extremities. An Initial physical therapy evaluation on 9-18-15 indicated the injured worker had discontinued previous therapy due to decreased tolerance and increased anxiety. The documentation indicated she was involved in a MVA as a passenger subsequently. She reported a sit tolerance of 5-10 minutes limited by "booty pain" but reported she could walk up to 30 minutes on ground level. She completed eight sessions of physical therapy following the motor vehicle accident with moderate relief of her symptoms. She has used Voltaren XR since at least 10-27-14. Additional medications have included Norco and Flexeril. A request for Voltaren XR 100 mg #30 and Physical therapy two times per week for four weeks

(2x4) was received on 10-16-15. On 10-22-15 the Utilization Review physician determined Voltaren XR 100 mg #30 and Physical therapy two times per week for four weeks (2x4) were not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Physical therapy 8 sessions (2X4): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a cumulative trauma work injury with date of injury in October 2010. She underwent a multilevel anterior cervical decompression and fusion in 2013 and a lumbar decompression and L5/S1 microdiscectomy in January 2015. She had post-operative physical therapy. She was involved in a motor vehicle accident in June 2015 and received 8 physical therapy treatments. Additional physical therapy was requested and five more treatments were provided as of 01/02/15. At the initial evaluation in September 2015 she had pain rated at 5/10. When seen by the requesting provider, she was having constant neck, left shoulder, and low back pain which was now rated at 7/10. Physical examination findings included a body mass index of 28. There were no motor deficits and no other abnormal findings were recorded. Voltaren XR was being prescribed and was continued. Additional physical therapy was requested. The claimant is being treated for chronic pain with no new injury and has already had two courses of physical therapy after the motor vehicle accident in June 2015. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. No specific therapeutic content is being requested and there were no impairments recorded when the request was made. The physical therapy recently provided has not made an impact on her levels of pain. The request is not medically necessary.

#### **Voltaren XR 100mg #30: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects, NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The claimant sustained a cumulative trauma work injury with date of injury in October 2010. She underwent a multilevel anterior cervical decompression and fusion in 2013 and a lumbar decompression and L5/S1 microdiscectomy in January 2015. She had post-operative physical therapy. She was involved in a motor vehicle accident in June 2015 and received 8 physical therapy treatments. Additional physical therapy was requested and five more treatments were provided as of 01/02/15. At the initial evaluation in September 2015 she had pain rated at 5/10. When seen by the requesting provider, she was having constant neck, left shoulder, and low back pain, which was now rated at 7/10. Physical examination findings included a body mass index of 28. There were no motor deficits and no other abnormal findings were recorded. Voltaren XR was being prescribed and was continued. Additional physical therapy was requested. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of Voltaren XR (diclofenac) for chronic pain is 100 mg per day. In this case, the claimant has chronic persistent pain. The requested dosing is within guideline recommendations. Continued prescribing is medically necessary.