

Case Number:	CM15-0217074		
Date Assigned:	11/06/2015	Date of Injury:	04/23/2012
Decision Date:	12/21/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/04/2015

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 71-year-old male who sustained an industrial injury on 4-23-2012 and has been treated for low back pain. He had lumbar interlaminar laminotomy surgery 6-24-2015. On 9-22-2015 the injured worker reported constant low back pain which radiated to the left lower extremity, as well as complaints of anxiety, stress and insomnia. Objective findings included tenderness and reduced range of motion, with a "well-healed" lumbar spine incision. Documented treatment includes at least 11 sessions of aquatic physical therapy, back brace, Norco, Voltaren, and use of a cane. The injured worker has been prescribed Norco for at least 2 months. Results of urine drug screening or discussion of pain contract is not evidenced in the provided records. A physical therapy note dated 9-8-2015 stated pain was 8 out of 10 and that "progress remains very slow with patient still in constant lumbosacral pain." Ambulation was limited to 5 minutes. The treating physician's plan of care includes continuing physical therapy for the lumbar spine two to three times a week for six weeks, and Norco 10-325 mg #60. On 10-24-2015, additional physical therapy was non-certified, and Norco was modified to #30 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued on physical therapy treatments for the lumbar spine two to three times a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic).

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 to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, continued on physical therapy treatments lumbar spine 2-3 times per week times six weeks 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is status post interlaminar laminotomy. Date of injury is April 23, 2012. Request for authorization is October 9, 2015. The documentation shows the injured worker had an initial physical therapy evaluation on August 25, 2015. According to the November 9, 2015 progress note, the injured worker completed visit #15 of aquatic therapy. There is no documentation demonstrating objective functional improvement to support additional physical therapy. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines (16 sessions over eight weeks) is clinically indicated. According to a September 22, 2015 progress note, subjective complaints include low back pain with anxiety. Medications include Norco. The treating provider is starting Voltaren. There is no documentation of any other nonsteroidal anti-inflammatory drugs prescribed to the injured worker. Additionally, the treating provider is requesting a range of physical therapy from 12 to 18 sessions. There is no specific request with a specific number of physical therapy sessions requested. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement from prior physical therapy and no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated, continued on physical therapy treatments for the lumbar spine 2-3 times per week times six weeks is not medically necessary.

Voltaren XR 100mg one po qd Qty: 30: 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 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 to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren XR 100 mg, one po daily #30 is not medically necessary. Nonsteroidal 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 nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. Diclofenac is not recommended as a first-line drug due to its increased risk profile. In this case, the injured worker's working diagnosis is status post interlaminar laminotomy. Date of injury is April 23, 2012. Request for authorization is October 9, 2015. The documentation shows the injured worker had an initial physical therapy evaluation on August 25, 2015. According to the November 9, 2015 progress note, the injured worker completed visit #15 of aquatic therapy. There is no documentation demonstrating objective functional improvement to support additional physical therapy. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines (16 sessions over eight weeks) is clinically indicated. According to a September 22, 2015 progress note, subjective complaints include low back pain with anxiety. Medications include Norco. The treating provider is starting Voltaren. There is no documentation of any other nonsteroidal anti-inflammatory drugs prescribed to the injured worker. There is no documentation of fail first-line nonsteroidal anti-inflammatory drug treatment (i.e. Motrin, Naprosyn). Based on the clinical information medical record, peer-reviewed evidence-based guidelines and no documentation of failed first-line nonsteroidal anti-inflammatory drug use, Voltaren XR 100 mg, one po daily #30 is not medically necessary.