

Case Number:	CM15-0031062		
Date Assigned:	02/24/2015	Date of Injury:	01/26/2006
Decision Date:	04/07/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/19/2015

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
 Certification(s)/Specialty: Family Practice

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 1/26/06. The injured worker is status post 4 level lumbar fusion. The diagnoses have included a 4-mm lumbar disc herniation with multilevel disc bulging and lower extremity radicular pain; chronic cervical strain; bilateral shoulder rotator cuff syndrome; bilateral knee strain; bilateral knee patellofemoral syndrome and history of cervical cord injury with temporary paralysis. The medical records indicate improvement in pain and function with Lyrica. The injured worker is working. According to the utilization review performed on 1/15/15, the requested Motrin 800mg #60 has been certified. the requested Physical therapy x 12; Acupuncture x 12 sessions and Lyrica 50mg #60 has been non-certified. California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Physical Therapy, Acupuncture Medical Treatment Guidelines were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The MTUS guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines also recommend up to 10 sessions of physical therapy. In this case, the injured worker has undergone prior physical therapy treatments and by now should be well versed in home exercise program. As noted by the guidelines patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Furthermore, the request for 12 sessions of physical therapy exceeds the amount of therapy recommended per the MTUS guidelines.

Acupuncture x 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS acupuncture medical treatment guidelines state that acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Per the guidelines, "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, and a reduction in the dependency on continued medical treatment. In this case, the injured worker has undergone prior acupuncture treatments and there is no evidence of significant objective functional improvement to support additional acupuncture treatments.

Lyrica 50mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) , Pregabalin (Lyrica) Page(s): 16-21, 99.

Decision rationale: According to the MTUS guidelines, Antiepilepsy drugs (AEDs) are recommended for chronic neuropathic pain. Lyrica is considered first line in the treatment of chronic neuropathic pain. In this case, the injured worker is followed for chronic neuropathic pain. There is documented subjective and objective functional improvement with Lyrica. The injured worker is noted to be working. As such, the request for Lyrica is supported. The request for Lyrica 50mg #60 is medically necessary.