

Case Number:	CM15-0044830		
Date Assigned:	04/17/2015	Date of Injury:	10/20/2000
Decision Date:	05/15/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/10/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 (IW) is a 44-year-old male who sustained an industrial injury on 10/20/2000. He reported back pain. The injured worker was diagnosed as having lumbar spine myofascial spasm and bilateral sciatica. Treatment to date has included physical therapy and a medication regimen of Tylenol over the counter, Lidocaine patch, Skelaxin, and Tolectin. Currently, the injured worker complains of spasms into the left leg and increased pain with the weather. The plan of care includes physical therapy sessions, MRI of the bilateral hips, Tolectin, and x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eighteen (18) physical therapy sessions: Upheld

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

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

Decision rationale: This 44 year old male has complained of low back pain since date of injury 10/20/00. He has been treated with medications. The current request is for 18 physical therapy sessions. Per the MTUS guidelines cited above in the section Physical Medicine/ therapy, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The MTUS recommendations for PT state for the passive (out of home) PT process, 8-10 visits over the course of 4 weeks are indicated for a diagnosis of neuralgia, neuritis and/or radiculitis, as in this case. The medical rationale for additional passive physical therapy is not provided. Based on the available medical documentation and per the MTUS guidelines cited above, 18 sessions of physical therapy is not indicated as medically necessary.

One (1) MRI of the bilateral hips/pelvis: 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), Hip & Pelvis (Acute & Chronic), Magnetic Resonance Imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.UpToDate.com.

Decision rationale: This 44 year old male has complained of low back pain since date of injury 10/20/00. He has been treated with medications. The current request is for an MRI of the bilateral hips/pelvis. There is no available provider rationale submitted regarding the necessity of obtaining an MRI of the bilateral hips/pelvis. There are no documented neurologic changes, physical examination findings or development of new symptomatology that would warrant obtaining the requested imaging study. Based on the available medical documentation and per the guidelines cited above, MRI of the bilateral hips/pelvis is not indicated as medically necessary.

One (1) prescription of Tolectin 400mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

Decision rationale: This 44 year old male has complained of low back pain since date of injury 10/20/00. He has been treated with medications to include NSAIDS since at least 05/2012. The current request is for Tolectin. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 2 years duration. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. Based on this lack of documentation, Tolectin is not indicated as medically necessary in this patient.