MAXIMUS Federal Services

Case Number:	CM15-0045573		
Date Assigned:	03/17/2015	Date of Injury:	02/14/2013
Decision Date:	04/23/2015	UR Denial Date:	02/26/2015
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: California, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 reported an injury on 02/14/2013. The mechanism of injury was not stated. The current diagnoses include lumbar radiculopathy, status post lumbar epidural injection, and right inguinal strain. The injured worker presented on 03/06/2015 for a follow-up evaluation regarding recurrent low back pain radiating into the left buttock region. The current medication regimen includes Flexeril and Norco. It was noted that the injured worker underwent a cervical fusion in 2004. Upon examination, there was increased tenderness in the paralumbar region with guarding and hypertonia, positive straight leg raise on the left at 15 to 20 degrees, and symmetrical deep tendon reflexes. Recommendations at that time included continuation of the current medication regimen and a lumbar surgical re-evaluation. It was noted that a previous request for physical therapy would be withdrawn given the injured worker's worsening symptoms and referral to a spine surgeon consultation. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x3 lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 98.

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

Decision rationale: California MTUS Guidelines state 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. In this case, there was no documentation of the previous course of treatment with evidence of objective functional improvement. Additionally, the provider indicated that he would withdraw the previous request for physical therapy as the injured worker was being referred for a surgical re-evaluation. Given the above, the request is not medically appropriate.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. There was also no frequency listed in the request. As such, the request is not medically appropriate.