

Case Number:	CM15-0056005		
Date Assigned:	04/01/2015	Date of Injury:	06/18/2007
Decision Date:	05/01/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/24/2015

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:

The injured worker is a 70 year old female, who sustained a work/ industrial injury on 6/18/07. She has reported initial symptoms of low back pain. The injured worker was diagnosed as having lumbar strain and degenerative joint disease (DJD). Treatments to date included medication, physical therapy, and diagnostics. Magnetic Resonance Imaging (MRI) was performed on 2/18/15. Currently, the injured worker complains of frequent mild to moderate low back pain and bilateral lower extremity pain, (R>L) rated 6-7/10. The treating physician's report (PR-2) from 3/11/15 indicated lumbar spine tenderness and spasms, pain in the lumbar spine junction, with positive straight leg raise (SLR) test. There was decreased sensation in the right L5 dermatome, decreased cervical spine range of motion. Treatment plan included 8 Physical Therapy Sessions to the Cervical Spine and Lumbar Spine and Flector Patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy Sessions to the Cervical Spine and Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 work-related injury in June 2007 and continues to be treated for chronic low back pain with bilateral radicular symptoms. Treatments have included physical therapy with 12 session as of 10/14/14. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary. Additionally, the claimant had already had a recent course of physical therapy. 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. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude performing such a program. Therefore, the request is not medically necessary.

Flector Patch 1/3/% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Flector patch (diclofenac epolamine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work-related injury in June 2007 and continues to be treated for chronic low back pain with bilateral radicular symptoms. Treatments have included physical therapy with 12 session as of 10/14/14. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant is over age 70. However, a trial of topical diclofenac in a non-patch form is not documented. Therefore, the prescribed Flector patch was not medically necessary.