

Case Number:	CM15-0242133		
Date Assigned:	12/21/2015	Date of Injury:	12/05/2012
Decision Date:	01/28/2016	UR Denial Date:	11/23/2015
Priority:	Standard	Application Received:	12/11/2015

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: Florida

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 51 year old female who sustained an industrial injury on 12-5-12. A review of the medical records indicates she is undergoing treatment for pain in the hip and dorsalgia. Medical records (5-4-15, 6-18-15, 8-20-15, 9-17-15, and 11-12-15) indicate ongoing complaints of low back pain that radiates to the bilateral lower extremities, affecting the left side greater than right side, and left hip pain. She rates her pain "8 out of 10" with medications and "10 out of 10" without medications. The physical exam (11-12-15) reveals that she "appears to be in mild pain". She is noted to have an antalgic gait. The lumbar spine exam reveals loss of normal lordosis with straightening of the lumbar spine. Palpation of the paravertebral muscles shows hypertonicity, spasm, tenderness, and a tight muscle band bilaterally. Lumbar facet loading test is positive bilaterally. The straight leg raise is positive on the left in a sitting position at 60 degrees. Faber test is positive. Tenderness is noted over the left groin and trochanter. Faber test is positive. Motor strength is noted to be "5- out of 5" on the left knee extensor and left knee flexor. The provider indicates that light touch sensation is "patchy in distribution". Diagnostic studies have included a lumbar epidural myelogram, an EMG-NCV study of bilateral lower extremities, and MRIs of the left hip and lumbar spine. Treatment has included a lumbar epidural steroid injection, medications, and modified work duty. Her medications include Colace, Nortriptyline, Omeprazole (since at least 5-4-15), Morphine Sulfate, and Senkot. Treatment recommendations include continuation of medications, referral to a pain psychology provider, and 6 visits of physical therapy. The utilization review (11-23-15) includes requests for

authorization of 6 sessions of physical therapy and Omeprazole DR 40mg #1. The requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, quantity: 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: In accordance with MTUS guidelines, the physical medicine recommendations state, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Guidelines also state, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." This patient has previously had 24 physical therapy sessions, but now his physician is requesting an additional 6 sessions. The guidelines recommend fading of treatment frequency with transition to a home exercise program, which this request for a new physical therapy plan does not demonstrate. Likewise, this request is not medically necessary.

Omeprazole DR 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: In accordance with California MTUS guidelines, PPIs (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDs and if the patient has gastrointestinal risk factors. Whether the patient has cardiovascular risk factors that would contraindicate certain NSAID use should also be considered. The guidelines state, "Recommend with precautions as indicated. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." This patient does not have any of these gastrointestinal or cardiovascular risk factors. Likewise; this request for Omneprazole is not medically necessary.