

Case Number:	CM14-0119424		
Date Assigned:	08/06/2014	Date of Injury:	10/10/2011
Decision Date:	10/10/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 49-year-old male was reportedly injured on October 10, 2011. The mechanism of injury was noted as a lifting type event. The most recent progress note, dated July 10, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a 6 foot, 220 pound individual who was normotensive (130/78). There was no evidence of intoxication or withdrawal. A decrease in cervical spine range of motion was noted and Spurling's maneuver caused pain in the muscles of the upper back. A slight decrease in lumbar spine range of motion was reported and facet loading was positive bilaterally. Motor function was described as 4/5 in the right upper extremity and 5/5 in the left upper extremity and 5/5 in both lower extremities. Sensation was slightly decreased over the anterior lateral aspect of the left lower extremity. Diagnostic imaging studies objectified ordinary disease of life degenerative changes in the facet joints and disc desiccation. Previous treatments included multiple medications, surgical interventions, and pain management interventions. A request had been made for physical therapy, an urologist referral, a testosterone level, Lunesta, and naproxen and was not certified in the pre-authorization process on July 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy QTY 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement measures Page(s): 48, 98-99.

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

Decision rationale: MTUS guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis. It recommends a maximum of 10 visits for management of these symptoms. Based on the clinical documentation provided, the claimant does not appear to be having an acute flare-up of the chronic pain syndrome. At most, although it is indicated as a delusion of a home exercise protocol emphasizing overall fitness, conditioning and achieving ideal body weight. Based on the clinical information presented for review, the medical necessity has not been established.

Urologist referral QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 page 127 Independent Medical Examination and Consultations

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): Chapter 7, page 127

Decision rationale: There is no clinical indication that there are any urodynamic issues. Furthermore, when noting the surgery completed, there is no physical examination evidence to suggest a "reverse ejaculation". Furthermore, there is no noted hypogonadism to suggest that there is an opioid related dysfunction. Therefore, based on the clinical information presented for review, there is no clear clinical indication for need of a consultation.

Total Testosterone level QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110.

Decision rationale: While noting that a potential side effect of chronic opioid use is testosterone reduction, this is often associated with hypogonadism. There are no physical examination findings to suggest that this is present. Therefore, based on the limited clinical rationale presented for review, there is no clinical indication for the medical necessity of such an assessment. A more comprehensive evaluation will be necessary prior to any endorsement.

Lunesta 3mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines online

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain chapter, updated October 2014

Decision rationale: This medication is not addressed in the MTUS or the ACOEM guidelines. The parameters noted in the ODG were employed. It is not clear what this insomnia is a function of and is also noted that this medication is limited to short-term treatment (less than 4 weeks) alone. Therefore, while noting this appears to be a chronic, indefinite and long-term application of this medication based on the data presented, this is not medically necessary.

Naproxen 500mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 73.

Decision rationale: As outlined in the MTUS, this is a option for treating the signs and symptoms associated with osteoarthritis. However, there needs to be documentation that there is some efficacy or utility with the utilization of this medication. Not seeing any improvement in the overall functionality or decrease in the pain symptoms, it is clear this medication has not demonstrated any efficacy or utility. Therefore, the medical necessity for continued use has not been established.