

<b>Case Number:</b>	CM14-0133732		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	11/10/1995
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 and Rehabilitation and is licensed to practice in California. 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 63-year-old individual was reportedly injured on 11/10/1995. The mechanism of injury was not listed. The most recent progress note, dated 7/14/2014, indicated that there were ongoing complaints of chronic low back pain that radiated in the right lower extremity. The physical examination demonstrated the patient with a nonantalgic gait and without assistive devices. There was little to no difficulty getting up from a seated position. There was positive tenderness to palpation of the bilateral paraspinal muscles across the length of the surgical incision. There was also trace weakness with right hip flexion and ankle dorsi and plantar flexion. Cervical spine range of motion was 80 lateral rotation bilaterally and 40 flexion, with 60 extension. No recent diagnostic studies are available for review. Previous treatment included lumbar surgery, medication, and conservative treatment. A request had been made for physical therapy #12 sessions, orthopedic shoes, Prilosec 20 mg, and Norvasc 10 mg and was not certified in the pre-authorization process on 7/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**[ADDITIONAL] PT (X12): Upheld**

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

**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 and recommend a maximum of 10 visits. The claimant has chronic complaints of low back pain that radiated into the right lower extremity, and review of the available medical records, fails to demonstrate an improvement in pain or function. The treating physician is requesting 12 sessions of physical therapy, and in the absence of clinical documentation to support excessive and/or additional visits, this request is not considered medically necessary.

**DME: ORTHOPEDIC SHOES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines.

**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) Orthotics. Acute, Subacute, and Chronic Plantar Fasciitis. Acute, Subacute, and Chronic Metatarsalgia

**Decision rationale:** ACOEM guidelines do not support orthopedic shoes for the treatment of chronic low back pain and/or radicular pain. After review of the medical documentation provided, there was not significant justification to overturn guideline recommendations. Therefore, this request is deemed not medically necessary.

**PRILOSEC 20MG:** Upheld

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

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

**Decision rationale:** MTUS guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Review of the available medical records fails to document any signs or symptoms of GI distress, which would require PPI treatment. As such, this request is not considered medically necessary.

**NORVASC 10MG:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The Merck Manual. Drugs for Hypertension: Hypertension

**Decision rationale:** CA MTUS and ODG guidelines do not specifically address the use of Norvasc/ Therefore, additional medical references were used for citation. Norvasc is a calcium channel blocker used in the treatment of high blood pressure and/or chest pain. After review of the medical records provided, there is insufficient documentation of the medical necessity for this medication. Therefore, this request is deemed not medically necessary.