

Case Number:	CM14-0167254		
Date Assigned:	10/14/2014	Date of Injury:	12/06/2006
Decision Date:	11/17/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/10/2014

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 Family Practice 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 55 year old female claimant sustained a work injury on 12/6/06 involving the low back, shoulder and bilateral ankles. She was diagnosed with bilateral lumbar facet syndrome, sacroiliac joint pain, lumbar disc protrusion and lumbar stenosis. A progress note on 10/8/14 indicated the claimant had continued 10/10 pain in the back and shoulders. She had been on Tramadol, Hydrocodone, Cyclobenzaprine and prednisone. Exam findings were notable for painful restricted range of motion of the lumbar spine, pressure at the sacral sulcus with normal sensory findings and paraspinal muscle tenderness. The treating physician requested Ibuprofen 800 mg QID and 8 sessions of physical therapy. She had been prescribed the Ibuprofen and therapy a month prior but it was deemed not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary

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

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. In this case, the amount of therapy completed previously is not noted. The claimant's injury is 8 years old. Failures of prior interventions are also not known. The ACOEM guidelines, recommended physical therapy for education and initial assessment after which home exercises are to be performed. Based on the guidelines and information provided, the therapy request above is not medically necessary.

Ibuprofen 800mg #120 with 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

Decision rationale: According to the MTUS guidelines, NSAID is recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In this case, there is no documentation of failure of 1st line medications. In addition, there is no documentation of response to Ibuprofen that would justify 4 months of refills. The request above, therefore, is not medically necessary.