

Case Number:	CM15-0113434		
Date Assigned:	06/19/2015	Date of Injury:	07/06/2011
Decision Date:	07/20/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/12/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old male who sustained an industrial injury on 07/06/2011. Treatment provided to date has included: physical therapy, chiropractic therapy (20+), medications, and conservative therapies/care. Diagnostic tests performed include: MRI of the lumbar spine (06/01/2012) showing disc bulging and multilevel neural foraminal narrowing. There were no noted comorbidities or other dates of injury noted. On 04/14/2015, physician progress report noted complaints of chronic low back pain. The pain was rated 6-7/10 in severity with medications and 7-8/10 without medications, and was described as constant aching with radiation of aching pain into the bilateral legs. The pain was reported to be better with physical therapy, Lidoderm patches, and changing positions. Additional complaints included increased neck pain. The injured worker reported that he uses his H-wave unit daily which reduces pain and muscle spasms temporarily. He had undergone chiropractic treatments in the past and reported that these helped lot for pain flare-ups, sleep, mood, and allowed him to continue working. It was reported that he had received a bit over 20 previous sessions of chiropractic treatment, but had not received any in almost a year. Current medications include Lidoderm patches for which the injured worker is paying for out of pocket due to the benefit received, and Motrin. The physical exam revealed an antalgic gait, decreased range of motion in the lumbar spine due to pain, tenderness to the paraspinal muscles, myofascial restrictions, and decreased sensation along the L4, L5 and S1 dermatomes. The provider noted diagnoses of chronic pain syndrome, low back pain, lumbar disc pain, lumbar degenerative disc disease, lumbar facet pain, lumbar stenosis, lumbar radiculitis, lumbar strain, myalgia and numbness. It

was reported that the injured worker is having a flare-up of low back pain which is increasing over time. Injections and further chiropractic therapy has been denied. Plan of care includes 6 sessions of massage therapy due to the myofascial restrictions, Motrin, continued home exercises and follow-up. The injured worker's work status remained full duty. The request for authorization and IMR (independent medical review) includes: Motrin and 6 sessions of massage therapy which were both modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #90, 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury of 2011 nor have they demonstrated any functional efficacy derived from treatment already rendered. The Motrin 800mg #90, 3 refills is not medically necessary or appropriate.

Massage therapy, 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy, page(s) 60.

Decision rationale: Massage is recommended for time-limited use in subacute and chronic pain patients without underlying serious pathology and as an adjunct to a conditioning program that has both graded aerobic exercise and strengthening exercises; however, this is not the case for this chronic injury status post significant conservative physical therapy currently on an independent home exercise program. The patient has remained functionally unchanged. A short course may be appropriate during an acute flare-up; however, this has not been demonstrated nor are there any documented clinical change or functional improvement from treatment rendered previously. Without any new onset or documented plan for a concurrent active exercise program, criteria for massage therapy have not been established per MTUS Chronic Pain Guidelines. The Massage therapy, 6 sessions is not medically necessary or appropriate.