

Case Number:	CM15-0128493		
Date Assigned:	07/14/2015	Date of Injury:	01/06/1999
Decision Date:	08/13/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/02/2015

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, Pain Management

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 75 year old male who sustained an industrial injury on January 5, 1999. He has reported low back pain with radiation into the bilateral legs worse on the right and has been diagnosed with strain and sprain of the cervical spine, superimposed over mild degenerative changes and sprain and strain of the lumbar spine, superimposed over mild arthritic changes of the facet joints. Treatment has included medications. He has rated his pain at 4 out of 10 with the use of medications. Without medications pain was rated a 7 to 8 out of 10. He reports improvement with activities of daily living. There was tenderness over the cervical paraspinals and trapezii. Range of motion was decreased. There was tenderness over the midline lumbar spine and bilateral low back greater on the right with decreased range of motion. Straight leg raise was positive bilaterally. The treatment request included Naprosyn and physical therapy for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg #60 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 67-72 of 127.

Decision rationale: Regarding the request for Naprosyn, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is indication that Naprosyn is providing specific analgesic benefits and objective functional improvement. In light of the above, the currently requested Naprosyn is medically necessary.

Physical Therapy 2x4 for the low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 98-99 of 127. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Physical Medicine.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested physical therapy is not medically necessary.