

Case Number:	CM15-0174016		
Date Assigned:	09/15/2015	Date of Injury:	07/04/2010
Decision Date:	10/15/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/03/2015

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: Massachusetts

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 41 year old male, who sustained an industrial injury on 07-04-2010. The injured worker is currently working regular duty with no restrictions. Medical records indicated that the injured worker is undergoing treatment for post laminectomy syndrome. Treatment and diagnostics to date has included spinal surgery, MRI of the lumbar spine, chiropractic treatment, and use of medications. Current medications include Zanaflex, Norco, and Celebrex. MRI of the lumbar spine dated 07-09-2015 showed 2.0mm diffusely bulging disc at L3-L4 with bilateral foraminal narrowing, 3.0mm diffusely bulging disc at L4-L5 with bilateral foraminal narrowing, and no evidence of spinal stenosis. In a progress note dated 08-05-2015, the injured worker reported pain in the back and right leg and "described the back-leg pain ratio as 80% back pain and 20% leg pain". Objective findings included limited lumbar spine range of motion, 5 out of 5 motor strength in bilateral lower extremities, and back tests noted as negative. The physician noted that the injured worker is not currently attending physical therapy and requested Indocin SR, physical therapy 3x6, and return for follow up in 6 weeks. The Utilization Review with a decision date of 08-10-2015 modified the request for 18 sessions of physical therapy to the lumbar spine including therapeutic exercises, re-learning neuromuscular movement, gait training therapy, electrical stimulation, and ultrasound to 6 sessions of physical therapy 3x6 to the lumbar spine and non-certified the request for Indocin SR.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 sessions of physical therapy to the lumbar spine including therapeutic exercises, re-learning neuromuscular movement, gait training therapy, E-stim, and ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic): Gait training (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in July 2010 and continues to be treated for neck and back pain with radiating upper and lower extremity symptoms. He has a diagnosis of post laminectomy syndrome and his past medical history includes a gastrectomy. He had surgery in November 2013. When seen, Zanaflex, Norco, and Celebrex were being prescribed. He was not attending physical therapy. There was decreased and painful lumbar spine range of motion with an otherwise normal examination. Authorization was requested for 18 sessions of physical therapy and sustained release Indocin was prescribed. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was needed or likely to be effective. The request was not medically necessary.

Indocin SR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG, Pain (Chronic): Indomethacin (Indocin, Indocin SR) (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The claimant sustained a work injury in July 2010 and continues to be treated for neck and back pain with radiating upper and lower extremity symptoms. He has a diagnosis of post laminectomy syndrome and his past medical history includes a gastrectomy. He had surgery in November 2013. When seen, Zanaflex, Norco, and Celebrex were being prescribed. He was not attending physical therapy. There was decreased and painful lumbar spine range of motion with an otherwise normal examination. Authorization was requested for 18 sessions of physical therapy and sustained release Indocin was prescribed. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. In this case, the claimant has a history of a gastrectomy. Prescribing a nonselective NSAID is not recommended. This request for sustained release Indocin is not medically necessary.