

Case Number:	CM15-0068198		
Date Assigned:	04/15/2015	Date of Injury:	04/18/2011
Decision Date:	05/15/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/10/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 48 year old male patient, who sustained an industrial injury on 4/18/11. The diagnoses include cervical radiculopathy, lumbar disc degeneration, lumbar facet arthropathy, lumbar radiculitis, obesity, and coccyx pain. Per the doctor's note dated 2/16/2015, he had complaints of neck pain that radiated down the left upper extremity, constant sharp back pain that radiated down the left lower extremity and coccyx pain. The physical examination revealed moderate distress, tenderness in the cervical spine at C4-7, range of motion slightly limited, pain increased with flexion, extension, and rotation, decreased sensation in the left upper extremity with affected dermatome C7, and grip strength decreased on the left; the lumbar spine - tenderness with palpation in the right paravertebral area of L5-S1, range of motion slightly to moderately limited, pain increased with flexion, extension, and rotation, and straight leg raise at 90 degrees was positive, bilaterally. The medications list includes naproxen, gabapentin and tramadol. He has had MRI cervical spine on 11/16/2011 which revealed degenerative changes and lumbar MRI on 1/19/2012 which revealed degenerative changes. He has had cervical epidural steroid injection on 2/6/15 (bilateral C5-7), physical therapy, and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, eight (8) sessions (2x4) for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

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

Decision rationale: Physical therapy, eight (8) sessions (2x4) for the lumbar spine. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided, patient has had unspecified numbers of physical therapy visits for this injury. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visit notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical therapy, eight (8) sessions (2x4) for the lumbar spine is not established for this patient at this time.

Naproxen 550mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications page 22; NSAIDs page 67.

Decision rationale: Naproxen 550mg, #60. Naproxen is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." Per the submitted medical records, patient had chronic low back and neck pain with symptoms of radiculopathy. The patient also had abnormal objective physical exam findings- tenderness and restricted range of motion, positive straight leg raise test. He has had diagnostic studies with abnormal findings. NSAIDs are considered first line treatment for pain and inflammation. The request for Naproxen 550mg, #60 is medically appropriate and necessary for this patient to use as prn to manage his chronic pain.