

Case Number:	CM15-0090537		
Date Assigned:	05/14/2015	Date of Injury:	04/06/2001
Decision Date:	06/17/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/11/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 56-year-old who has filed a claim for chronic neck pain, chronic low back pain, and myofascial pain syndrome reportedly associated with an industrial injury of April 6, 2001. In a Utilization Review report dated April 26, 2015, the claims administrator failed to approve a request for cervical medial branch blocks and partially approved a request for 16 sessions of physical therapy as 10 sessions of the same. A March 10, 2015 progress note was referenced in the determination. The claims administrator noted that the applicant had received earlier lumbar medial branch blocks as well as a lumbar rhizotomy procedure. The applicant's attorney subsequently appealed. In an applicant questionnaire dated March 10, 2015, the applicant stated that he was worsened over time. The applicant did state that his medications were decreasing his pain level and improving his activity, admittedly through preprinted checkboxes. Narrative commentary was not attached. In a progress note dated April 7, 2015, the applicant reported ongoing complaints of neck, low back, and shoulder pain. The applicant was using three Norco daily. The applicant was using Pamelor, Norco, and Naprosyn, it was suggested. 5 to 6/10 pain complaints without medications versus 2 to 3/10 pain with medications was reported. The applicant stated that he was working on a part-time basis, at a rate of 4 hours a day. The applicant did state that his ability to sit, stand, and walk had apparently been ameliorated as a result of ongoing medication consumption. The attending provider maintained that the combination of Norco, Ultracet, Naprosyn, and Pamelor was effective. The applicant did report complaints of low back pain radiating to the right leg. The applicant was status post recent trigger point injections in the neck and head region, it was incidentally noted. The applicant

apparently had cervical MRI imaging suggestive of cervical stenosis. Positive facet loading and cervical paraspinal tenderness was appreciated with positive Tinel and Phalen's signs about the wrist. Cervical medial branch blocks to "treat" the applicant's facet arthropathy were proposed. In another section of the note, it was stated that the applicant had ongoing issues with paresthesias about the bilateral hands. 15 sessions of physical therapy, Norco, Naprosyn, Pamelor, Ultracet, and Cymbalta were prescribed, renewed, and/or continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 sessions of physical therapy: Upheld

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

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

Decision rationale: No, the request for 16 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The 16-session course of physical therapy at issue, in and of itself, represents treatment in the excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that applicants are expected to continue active therapies as an extension of the treatment process in order to maintain improvement levels. Here, the applicant had already returned to work, albeit on a part-time basis, at a rate of four hours a day, as suggested above. It did not appear that the applicant had much in the way of residual significant physical impairment present on or around the date of the request, April 7, 2015. It was not clearly established why the applicant could not transition to self-directed, home-based physical medicine, as suggested on pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Naproxen 550mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Conversely, the request for Naprosyn, an anti-inflammatory medication, was medically necessary, medically appropriate, and indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. Here, the attending provider did establish that ongoing usage of Naprosyn had effectively attenuated the applicant's pain complaints, had ameliorated the applicant's ability to sit, stand, walk, and the like, and had facilitated the applicant's return to part-time work at a rate of four hours a day. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

