

Case Number:	CM15-0091443		
Date Assigned:	05/15/2015	Date of Injury:	10/06/2010
Decision Date:	06/30/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/12/2015

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: 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:

The injured worker is a 47 year old female, who sustained an industrial injury on 10/06/2010. The mechanism of injury was not noted. The injured worker was diagnosed as having status post posterior spinal fusion with transforaminal lumbar interbody fusion L4-5 and L5-S1, lumbar radiculopathy, and chronic pain syndrome. Treatment to date has included lumbar surgery in 5/2013, post-operative physical therapy x 24 (helped somewhat), acupuncture x 8 (helped somewhat), and medications. The progress report dated 11/20/2014, noted recent GI consult in regards to GI upset. An abdominal ultrasound (12/02/2014) noted hepatic fatty infiltration, without evidence of cholelithiasis or cholecystitis. On 3/19/2015, the injured worker complains of low back pain, rated 6-9/10, with radiation of pain, numbness and tingling down both legs. She continued a home exercise program, but stated activity level was limited by pain. She stated she had an internal medicine follow-up in regards to her gastrointestinal (GI) upset. Current medications included Prilosec and Ketoprofen cream. She reported that the use of Ketoprofen decreased pain by about 40% and allowed her to increase walking distance by about 30 minutes. She had a history of GI upset with oral non-steroidal anti-inflammatory drugs. Physical exam noted decreased range of motion in the lumbar spine, pain with lumbar facet loading bilaterally, and decreased sensation in the left L4-S1 dermatomes. Lower extremity motor strength was 4+/5 to 5-/5. The treatment plan included internal medicine follow-ups due to persistent GI upset, Ketoprofen cream, physical therapy (2x3), and follow-up in 4 months for re-evaluation. Work status was permanent and stationary and she last worked in 2011. Pain levels were consistent since at least 11/2014 with Ketoprofen cream, at which time it was documented that she had benefit from the use of the cream. Physical therapy is requested due to increased pain over the past few months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit in 4 months: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Evaluation and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

Decision rationale: According to ODG, office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The injured worker is being followed for chronic pain and the request for follow up visit for re-evaluation is supported. The request for Follow up visit in 4 months is medically necessary and appropriate.

Follow-up visit with internal medicine specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter - Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: According to ACOEM guidelines, page 92, referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The progress report dated 11/20/2014, noted that the injured worker had recently undergone a gastrointestinal consultation with regards to gastrointestinal complaints. However, the medical records do not establish the results of the consultation and the request for follow up visit for gastrointestinal complaints is not supported. The request for Follow-up visit with internal medicine specialist is not medically necessary and appropriate.

Physical therapy for the lumbar spine (x6): Overturned

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

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

Decision rationale: According to the MTUS guidelines, passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The MTUS guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS guidelines recommend up to 10 sessions of therapy for Myalgia, myositis, neuralgia, neuritis, and radiculitis. The injured worker is reporting an increase in her pain levels and clinical objective examination findings support a short course of physical therapy to address the recent exacerbation and to insure proper re- education in a home exercise program. The request for Physical therapy for the lumbar spine (x 6) is medically necessary and appropriate.

CM3 Ketoprofen 20% (x2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. The MTUS guidelines state that Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. The request for topical Ketoprofen is therefore not supported. The request for CM3 Ketoprofen 20% (x2) is not medically necessary and appropriate.