

Case Number:	CM15-0091789		
Date Assigned:	05/18/2015	Date of Injury:	06/05/2006
Decision Date:	06/17/2015	UR Denial Date:	04/14/2015
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: Emergency 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 injured worker is a 50 year old male, who sustained an industrial injury on 6/05/2006. He reported getting knocked down and pinned between a truck and a loading dock area when a stack of merchandise boxes fell onto him resulting in pain to the neck, right arm, and back with possible head trauma. He was diagnosed with cervical disc herniations. Diagnoses include degenerative disc disease, lumbar protruding disc and stenosis, radiculopathy, right shoulder rotator cuff tendinitis and evidence of SLAP lesion, bilateral carpal tunnel syndrome, right greater than left side epicondylitis, bilateral wrist De Quervain's syndrome and mild right trigger thumb. Treatments to date include activity modification, physical therapy, cervical and lumbar epidural injections, and an H-Wave unit. Currently, he complained of neck pain with radiation to bilateral upper extremities, low back pain with radiation to bilateral lower extremities, and pain in bilateral wrists, shoulders, and elbows. The pain was rated 5/10 with medication and 9/10 VAS without medication. It was reported to have been increasing since prior visits. A prior lumbar epidural steroid injection administered in January 2015 was reported to relieve 50% of symptoms, and was reported to have been wearing off. On 3/19/15, the physical examination documented muscle spasm and tenderness with decreased range of motion in the lumbar spine. There was decreased sensation to bilateral lower extremities. The straight leg raise test was positive bilaterally. The plan of care included continuation of Celebrex 200mg #30 and physical therapy twice a week for four weeks to treat the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Lumbar 2x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Complaints, Physical Therapy.

Decision rationale: The requested Physical Therapy Lumbar 2x4, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Complaints, Page 300 and Official Disability Guidelines, Low Back Complaints, Physical Therapy, recommend continued physical therapy with documented derived functional benefit. The injured worker has neck pain with radiation to bilateral upper extremities, low back pain with radiation to bilateral lower extremities, and pain in bilateral wrists, shoulders, and elbows. The pain was rated 5/10 with medication and 9/10 VAS without medication. It was reported to have been increasing since prior visits. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions. The criteria noted above not having been met, Physical Therapy Lumbar 2x4 is not medically necessary.

Celebrex 200 MG #30: Upheld

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

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

Decision rationale: The requested Celebrex 200 MG #30, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note for specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The injured worker has neck pain with radiation to bilateral upper extremities, low back pain with radiation to bilateral lower extremities, and pain in bilateral wrists, shoulders, and elbows. The pain was rated 5/10 with medication and 9/10 VAS without medication. It was reported to have been increasing since prior visits. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Celebrex 200 MG #30 is not medically necessary.

