

<b>Case Number:</b>	CM15-0094381		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	09/27/2011
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2015

### 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:

The injured worker is a 20 year old male, who sustained an industrial injury on September 27, 2011. The injured worker reported back pain due to slip and fall. The injured worker was diagnosed as having degeneration of lumbar intervertebral disc. Treatment to date has included injection, physical therapy and oral medication. A progress note dated April 28, 2015 the injured worker complains of back, right buttock and right leg pain with numbness. He rates the pain gets as high as 8-9/10 at times. X-rays and magnetic resonance imaging (MRI) were reviewed. Physical exam notes lumbar paraspinous trigger points, positive straight leg raise and decreased sensation of the right leg. The plan includes physical therapy, psychological referral, Ultracet and Naprosyn. Patient has received an unspecified number of PT visits for this injury. The patient has had couple of sessions of PT and that put patient in emergency room. The medication list includes Naproxen, Tylenol and Ultracet. The patient has had MRI of the low back on 10/21/11 that revealed disc bulge with foraminal narrowing. Any operative note was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 3 weeks for the lumbar spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 6-Pain, Suffering, and the Restoration of Function, page 114.

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

**Decision rationale:** The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine". Patient has received an unspecified number of PT visits for this injury. The patient has had couple of sessions of PT and that put patient in emergency room. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. There was no objective documented evidence of any significant functional deficits that could be benefitted with additional PT. Per the guidelines cited, "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 request for Physical therapy 2 times a week for 3 weeks for the lumbar spine is not medically necessary or fully established for this patient.

**Naprosyn 500mg #60 with 4 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, NSAIDs.

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

**Decision rationale:** Naproxen belongs to a group of drugs called nonsteroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "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. (Van Tulder-Cochrane, 2000)" Patient is having chronic pain and is taking Naproxen for this injury. The injured worker reported back pain due to slip and fall. The injured worker was diagnosed as having degeneration of lumbar intervertebral disc. A progress note dated April 28, 2015 the injured worker complains of back, right buttock and right leg pain with numbness. He rates the pain gets as high as 8-9/10 at times. Physical exam notes lumbar paraspinous trigger points, positive straight leg raise and decreased sensation of the right leg. The patient has had MRI of the low back on 10/21/11 that revealed disc bulge with foraminal narrowing. NSAIDS like naproxen are first line treatments to reduce pain. The use of Naprosyn 500mg #60 with 4 refills is medically appropriate and necessary in this patient.

