MAXIMUS Federal Services

Case Number:	CM13-0014646		
Date Assigned:	10/07/2013	Date of Injury:	07/13/2004
Decision Date:	01/30/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 56-year-old male with a work-related injury to his lower back on 7/13/04. The patient was treated with PT, chiropractic, meds, 3 lumbar epidural steroid injections, Coumadin therapy secondary to DVT with bilateral pulmonary embolism in 2005 subsequent to 3rd epidural injection, lumbar discectomy and decompression L4-5 and L5-S1 in 9/2008, anterior and posterior lumbar fusion at L4-S1 on 4/15/10, hardware removal in 2012. The patient was also diagnosed with abdominal hernia in 2010, intermittent dizziness since 2004 and depression since 2008. PTP PR2 dated 4/1/13 reveals patient complained of constant low back pain with N/T into legs right more than left, pain and swelling in right thigh/calf and frequent sharp ,mid-low thoracic pain. Findings revealed decreased lumbar ranges of motion with pain, absent knee and ankle reflexes, decreased sensation over right L4 and L5 dermatome, spasms and mild tenderness over thoracic spine. Diagnosis is T7-12 disc degeneration, status post L4-S1 fusion in 2010, and residual lower extremity paresthesias. Current meds include Lyrica 100mg capsule, Norco 10/325mg tab and Zanaflex 4mg tab. PTP PR2 dated 8/1/13 reveals patient fell down secondary to dizziness and felt a popping sensation in back. He complained of severe pain in thoracic and lumbar spine. Findings of palpable tenderness and spasm in paravertebral muscles bilaterally with decreased ranges of motion with pain. There is a request for internist evaluation and treatment of phlebitis and pulmonary embolism and Norco 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

internist evaluation and treatment of phlebitis and pulmonary embolism: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7, pg. 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7, pg. 127.

Decision rationale: CA MTUS does not specifically address consultation, however ACOEM chapter 7, page 127 does state that, "the occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, when the plan or course of care may benefit from additional expertise." Patient clearly has a complex medical history including DVT and pulmonary embolism. Referral to a specialist to evaluate these conditions is warranted. However this particular request also suggests that there be treatment of phlebitis and pulmonary embolism. The request is not indicate any specific treatment or does it gave any particular current diagnoses of these conditions. ACOEM does not suggest that the practitioner dictate the treatment of the specialist. Therefore the request to treat phlebitis and pulmonary embolism is not necessary.

Norco 10/325mg, #120 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids ongoing management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: CA MTUS is very particular in regards to opioid therapy. The clinician needs to be very specific as to the benefits of the medication; it must include functional improvement as defined by MTUS. In addition, it must also show that the patient has significant improvement in pain during use of this medication. In addition, the guides do not recommend long-term use of opiate medications for chronic low back pain and suggest a short course of therapy. This request is asking for five months of treatment. Therefore, as the criteria for the continued use of opioid medications have not been included in the records and the treatment exceeds guideline duration, it is not medically necessary.