

Case Number:	CM13-0017876		
Date Assigned:	12/11/2013	Date of Injury:	12/30/2002
Decision Date:	01/29/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/28/2013

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 Family Practice 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 53-year-old female who reported a work related injury on 12/30/2002. The patient has complaints of pain to her lower back which radiate to the right thigh and right buttock. Her pain symptoms are relieved by pain medications and rest. The patient has a history of physical therapy in the past. The patient was noted to have moderate daily pain control with her current regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy times 20 sessions: Upheld

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

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

Decision rationale: Per the clinical note dated 07/03/2013, the patient's physical exam revealed a mild lumbar spasm with normal muscle tone in her lower extremities and normal paraspinous muscle tone. Tenderness to palpation was noted to the lumbar paraspinous and there was pain and tenderness with motion. The patient was noted to have active, painful range of motion during hip evaluation. Bilateral lower extremity muscle strength was normal and lower

extremity neurovascular examination was normal. Patellar reflex was 2+ bilaterally. The patient was assessed with a lumbar sprain or strain. California Chronic Pain Medical Treatment Guidelines recommend 9 to 10 visits of physical therapy for myalgia and myositis. Per the clinical documentation submitted for review, the patient was not noted to have any significant functional deficits to warrant formal physical therapy visits. There was no documentation submitted stating how many physical therapy sessions the patient has had recently. Guidelines indicate that the use of a self-directed home exercise program will facilitate the fading of treatment frequency. There is a lack of documentation noting the patient's participation in a home exercise program. There was also no documentation noted stating the patient had significant functional deficits to warrant formal physical therapy visits versus a home exercise program. As such, the request for outpatient physical therapy times twenty (20) sessions is non-certified.

Norco 10/325mg #120: Upheld

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

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

Decision rationale: Per the clinical documentation submitted for review, the patient's medications included Celexa 40 mg daily, Ziac 5 mg to 6.25 mg daily, Norco 10 mg to 325 mg every 6 hours as needed and ibuprofen 800 mg 3 times a day. California Medical Treatment Guidelines for Chronic Pain indicate an ongoing review and document of pain relief, functional status, appropriate medication use, and side effects should be noted for patients on opioids for pain management. There was no pain assessment noted for the patient in the provided documentation for review to assess her pain relief before and after taking medications. There was a lack of functional benefits noted the patient which could be objectively measured due to the use of Norco. The California Chronic Pain Medical Treatment Guidelines recommend the continued use of Norco if there is functional improvement with medication use. A satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. Therefore, the request for Norco 10/325 mg #120 is non-certified.