

<b>Case Number:</b>	CM13-0025077		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	09/11/2012
<b>Decision Date:</b>	01/13/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of 9/11/2012. A utilization review determination dated September 3, 2013 recommends, certification for orthopedic evaluation (but not treatment), certification of follow-up visit with pain management (but not pain management evaluation and treatment), and noncertification of Norco, cane, and 8 aquatic therapy visits. Norco was noncertified due to lack of documentation of "quantifiable pain relief and functional improvement, appropriate medication use, or lack of aberrant behaviors and intolerable side effects." Noncertification for a cane was recommended due to, "peer review dated June 6, 2013, a cane was approved. There is no indication that a 2nd cane is needed." Noncertification of pool therapy was recommended due to, "patient has been attending pool therapy 3 times a week without any documentation of analgesic benefit or functional benefits." Orthopedic consultation was certified, with "consideration for treatment to be determined at this visit and sent to the carrier for consideration." Non-certification for pain management evaluation was recommended due to "documentation provided for review identifies that patient has been seeing a pain management physician. The requesting physician is pain management and indicated to be the patient's primary provider. There is no rationale for a request for another pain management physician."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Treatment by a pain management physician after an evaluation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter..

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** Regarding request for pain management evaluation and subsequent treatment, California MTUS guidelines not contain criteria for the use of pain management consultation. Guidelines do generally support that the primary treating physician should be able to manage patients within their comfort level. If expertise is needed above and beyond the comfort level of the treating provider, then consultation should be sought. Within the documentation available for review, it appears that the primary treating physician is a pain management specialist. There is no documentation indicating why pain management evaluation would be required, in light of the fact that the physician currently treating the patient is a pain management provider. A follow-up visit with the current primary treating physician may be necessary, and is supported by guidelines. But an open ended request such as "subsequent treatment" is certainly not supported by guidelines. The request for pain management treatment is not medically necessary and appropriate.

**Subsequent orthopedics treatment after an initial evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter..

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip Chapter, Repair of Labral Tears..

**Decision rationale:** Regarding the request for orthopedic evaluation and subsequent treatment, California MTUS guidelines do not contain criteria for orthopedic consultation. The documentation provided for review does not contain a definition of "subsequent treatment." Within the documentation available for review, it is clear the patient has seen an orthopedic surgeon multiple times. It is unclear why a consultation (evaluation) would be required at the current time. Additionally, it is unclear exactly what is meant by "subsequent treatment". "Subsequent treatment" may be referring to surgical repair of a labral tear. However, guidelines recommend that all conservative treatment options be exhausted prior to undergoing surgical repair. Guidelines go on to support cortisone injection as one of the conservative treatment options. It is unclear whether all the available conservative treatment options have been exhausted with regards to the patient's complaints attributable to the labral tear. The request for orthopedics treatment is not medically necessary and appropriate.

**Norco 5/325mg #25:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

**Decision rationale:** Regarding the request for Norco, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is improving the patient's function or pain, no documentation regarding side effects, and no discussion regarding aberrant use. The request for Norco 5 is not medically necessary and appropriate.

**cane:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip and Pelvis Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip Chapter, Walking Aids. .

**Decision rationale:** Regarding request for a cane, California MTUS guidelines not contain criteria for the use of walking aids such as a cane. ODG states that walking aids can reduce pain associated with osteoarthritis. Within the documentation available for review, it appears that the patient has been authorized to obtain a cane in June 2013. There is no statement indicating why this patient would require the use of a 2nd cane. The request for a cane is not medically necessary and appropriate.

**8 aquatic therapy sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for additional aquatic therapy sessions, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Chronic Pain Treatment Guidelines do not contain criteria regarding a specific number of therapy sessions. ODG guidelines go on to recommend a trial of therapy. They state that if there is documentation of objective functional improvement, and ongoing objective treatment goals, then additional therapy may be warranted.

Within the documentation available for review, the patient has previously undergone aquatic therapy. There is no indication as to how many sessions the patient has had, whether they have provided any objective functional improvement, and why any remaining objective treatment goals would be unable to be addressed with an independent program of home exercise. The request for aquatic therapy is not medically necessary and appropriate.