

Case Number:	CM13-0031586		
Date Assigned:	12/04/2013	Date of Injury:	01/26/2012
Decision Date:	01/23/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/03/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 patient is a 45-year-old female who reported an injury on 01/26/2012. Currently under consideration is a request for CT of the lumbar spine, medications to include Norco 5/325 mg, and 8 physical therapy sessions. The documentation submitted for review indicates the patient has complaints of increased pain with prolonged sitting and pins and needles sensation of the bilateral feet, as well as pain after completing household chores. The objective findings for the patient note a well-healed incision of the lumbar spine with tenderness to palpation of the lower paraspinal musculature and sacrum and motor strength, as well as neurosensory findings intact to the bilateral lower extremities. The patient has no pain with right hip flexion, internal rotation, or external rotation. The patient had normal right motor strength of the hip. The patient was evaluated on 09/18/2013 with notes indicating the patient had not yet had any physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination may be sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. However, when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Also, an imaging study may be appropriate for a patient whose limitations due to consistent symptoms have persisted for one month or more to further evaluate the possibility of potentially serious pathology. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). The documentation submitted for review details the request for CT of the lumbar spine to evaluate for facet pathology at the site of the patient's surgery. However, while the patient has complaints of lumbar spine pain worsened with household chores, prolonged sitting, and walking, the patient was noted to have normal motor strength and neurosensory examination. However, there is lack of consideration for specific nerve compromise. Furthermore, there is lack of sufficient evidence of orthopedic evaluation findings which are significant for suspicion of facet pathology. Given the above, the request for CT scan of the lumbar spine is not medically necessary and appropriate.

Norco 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

Decision rationale: The CA MTUS states Hydrocodone/Acetaminophen is indicated for moderate to moderately severe pain. CA MTUS also states a recommendation for the 4 A's for Ongoing Monitoring. These four domains for monitoring have been summarized as the "4 A's" and include monitoring for include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The documentation submitted for review fails to indicate the patient has effective analgesia with the use of this medication. Furthermore, there is lack of improvement in the patient's abilities to undertake activities of daily living evidenced in the medical reports with the use of Norco. While weaning of the medication would certainly be warranted versus abrupt discontinuation, the request for Norco 5/325 mg #60 is not medically necessary and appropriate.

eight (8) physical therapy sessions: Upheld

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

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

Decision rationale: The California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The documentation submitted for review indicates the patient has not yet attended physical therapy as the sessions requested are not certified. The notes indicate the patient currently utilizes a home exercise program during which the patient tries to simulate work condition and with the patient indicating she is unable to tolerate more than 2 hours. However, it is indicated in the notes the patient is status post lumbar laminectomy and the patient has previously been authorized for 34 sessions of physical therapy since 03/29/2013 following surgery. The current request for 8 additional sessions of physical therapy would exceed the recommendation of the guidelines on top of the already attended 34 sessions. Given the above, the request for 8 physical therapy sessions is not medically necessary and appropriate.