MAXIMUS Federal Services

Case Number:	CM13-0045704		
Date Assigned:	12/27/2013	Date of Injury:	04/14/2010
Decision Date:	05/15/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/12/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pediatric Rehabilitation 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 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/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 55-year-old male who reported an injury on 04/14/2010 after he lifted a 50 pound bag of dog food that caused immediate pain in his low back. The patient's treatment history included chiropractic care, physical therapy, sacroiliac joint injections, and nonsteroidal anti-inflammatory drugs. The patient's most recent clinical examination revealed low back complaints rated at a 6/10 that radiated into the bilateral lower extremities with limited range of motion secondary to pain and tenderness to palpation over the lumbar spine with a positive straight leg raising test bilaterally. The patient's diagnoses included low back pain. The treatment plan for this patient included continued medication usage, pain management referral, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

A PAIN MANAGEMENT REFERRAL 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 Guidelines, Chapter 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: California Medical Treatment Utilization Schedule recommends that the treating physician reassess the patient's diagnosis if there is persistent pain in spite of treatment to determine whether a specialist evaluation is necessary. The clinical documentation submitted for review does provide evidence that the patient has had persistent pain complaints despite 3 years of treatment. Therefore, the physician's referral to pain management would be indicated. As such, the requested decision for pain management referral for the lumbar spine is medically necessary and appropriate.

NORCO 10/325MG: Upheld

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

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

Decision rationale: The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration. The California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of chronic pain be supported by a quantitative assessment of pain relief to establish efficacy, increased functional benefit, managed side effects, and evidence of compliance to a prescribed medication schedule. The clinical documentation submitted for review does not provide any evidence of a quantitative assessment of the patient's pain, documentation of functional benefit, or that the patient is monitored for aberrant behavior. As such, the requested Norco 10/325 mg is not medically necessary or appropriate.

PHYSICAL THERAPY FOR THE LUMBAR SPINE (THREE TIMES A WEEK FOR TWO MONTHS): 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 clinical documentation does support that the patient has previously participated in physical therapy. The California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during supervised skilled therapy. The clinical documentation submitted for review does not provide any evidence that the patient is participating in a home exercise program. Therefore, a short course of treatment to reestablish and reeducate the patient on a home exercise program would be indicated; however, the requested 3 times a week for 8 weeks is considered excessive. As such, the requested physical therapy 3 times a week for 2 months for the lumbar spine is not medically necessary or appropriate.