MAXIMUS Federal Services

Case Number:	CM14-0002191		
Date Assigned:	01/24/2014	Date of Injury:	09/08/2012
Decision Date:	10/27/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/08/2014

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 Emergency 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 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 injured worker is a 40 year-old male, who sustained an injury on September 8, 2012. The mechanism of injury occurred from wearing his duty belt or prolonged walking and sitting. Diagnostics have included: October 12, 2013 cervical spine MRI reported as showing C4-5 disc bulge, C5-6 disc bulge with mild central canal stenosis.Treatments have included: lumbar epidural steroid injections, medial branch blocks, October 8, 2013 L4-S1 posterior fusion; acupuncture, physical therapy, medications The current diagnoses are: repetitive strain injury, myofascial pain syndrome, cervical strain, lumbar strain, lumbar radiculopathy, lumbar post-laminectomy syndrome, cervical radiculopathy. The stated purpose of the request for Physical Therapy Cervical Spine Qty 6.00 was for strengthening and instruction for a home exercise program. The request for Physical Therapy Cervical Spine Qty 6.00 was modified for 6 sessions on December 24, 2013, noting that short course of physical therapy for the neck is supported for transition to a home exercise program. The stated purpose of the request for Norco 10/325mg qty 1.00 was for pain. The request for Norco 10/325mg Qty 1.00 was denied on December 24, 2013, citing a lack of documentation of functional improvement. Per the report dated December 4, 2013, the treating physician noted complaints of low back pain, neck pain. Exam findings included decreased, painful cervical range of motion with paraspinal tenderness, negative Spurling's sign, decreased sensation to right foot, positive right straight leg raising test.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY CERVICAL SPINE QTY 6.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Acute and Chronic, Physical therapy

Decision rationale: The requested Physical Therapy Cervical Spine Qty 6.00, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 8, Neck and Upper Back Complaints, Summary of Recommendations and Evidence, Page 181; and Official Disability Guidelines (ODG), Neck and Upper Back, Acute and Chronic, Physical therapy, recommend continued physical therapy with documented objective evidence of derived functional benefit. The injured worker has low back pain, neck pain. The treating physician has documented decreased, painful cervical range of motion with paraspinal tenderness, negative Spurling's sign, decreased sensation to right foot, positive right straight leg raising test. The treating physician has not documented the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical Therapy Cervical Spine Qty 6.00 is not medically necessary.

NORCO 10/325MG QTY 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-80, 80-82.

Decision rationale: The requested Norco 10/325mg Qty 1.00, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain, neck pain. The treating physician has documented decreased, painful cervical range of motion with paraspinal tenderness, negative Spurling's sign, decreased sensation to right foot, positive right straight leg raising test. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg Qty 1.00 is not medically necessary.