

<b>Case Number:</b>	CM14-0008764		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	08/31/1998
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 51 year-old male injured in August 1998. The current diagnosis is listed as chronic pain (338.2) and post-laminectomy syndrome. The original injury was noted as a repetitive overuse syndrome. Multiple medications have been used to address the pain complaints. The most recent progress note indicates there was difficulty with balance, the injured worker cannot drive and wants detoxification. Addiction issues are noted. It is noted the multiple addictive medications have not been certified. The most current physical examination notes this 5 foot, 150 pound male is hypertensive and noted not to be in acute distress.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY ,CERVICAL SPINE, BILATERAL SHOULDER ,LUMBAR SPINE QUANTITY :18.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 288.

**Decision rationale:** When noting the date of injury, the injury sustained, and the most current physical examination, there is no clinical indication to repeat physical therapy at this time. This

individual has addiction issues, unfounded pain complaints and issues relative to withdrawal. These are not requiring any additional physical therapy. Recommend noncertification. The request is not medically necessary and appropriate.

### **TRIGGER POINT INJECTIONS TO BILATERAL LUMBAR PARASPINALS**

**QUANTITY:1:00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TRIGGER POINT INJ.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** This injection process is to address myofascial pain syndrome, that diagnosis was not listed in the records presented. The physical examination does not list any findings to support this procedure. Recommend noncertification. The request is not medically necessary and appropriate.

**CT SCAN LUMBAR SPINE QUANTITY :1:00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** When noting the date of injury, the diagnosis made and treatment rendered, there are no indicators presented to suggest that additional imaging studies are necessary. Recommend noncertification. The request is not medically necessary and appropriate.

**PAIN PSYCHOLOGIST REFERRAL QUANTITY :1:00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Utilization Schedule (MTUS) 2009: ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, Chapter 7, 101 Page(s): 101.

**Decision rationale:** The diagnosis of chronic pain syndrome has been made. The need for continued use of analgesic medications has been established as not necessary. Detoxification has been suggested. It is not clear what such a consultation would add to the treatment protocol. Recommend noncertification. The request is not medically necessary and appropriate.

**INPATIENT DETOX QUANTITY :1:00:** 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) Treatment in Workers' Compensation, 9th Edition (web).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, May 15, 2014.

**Decision rationale:** There are clear indicators of substance abuse. However, there is no noted indicators as to outpatient medication withdrawal. There are no data as to what has been done to complete the withdrawal. Recommend noncertification. The request is not medically necessary and appropriate.