

Case Number:	CM14-0102831		
Date Assigned:	07/30/2014	Date of Injury:	07/26/2012
Decision Date:	09/15/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/03/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 26, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy; an H-Wave device; unspecified amounts of acupuncture; and an earlier trial of a TENS unit. In a Utilization Review Report dated June 20, 2014, the claims administrator retrospectively denied a request for Norco and prospectively denied a request for eight sessions of physical therapy. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated February 12, 2014, the applicant represented with a primary complaint of chronic low back pain. The applicant was described as off of work, on total temporary disability. The attending provider stated that the applicant had electrodiagnostically confirmed lumbar radiculopathy and was using Norco, Soma, and Tylenol. On February 19, 2014, the applicant was described as having persistent complaints of low back pain. The applicant was asked to try to diet, lose weight, and go to a gym. A 25-pound lifting limitation was endorsed; however, it did not appear that the applicant was working with said limitation in place. On March 19, 2014, the applicant was again described as having persistent complaints of low back pain. Authorization was sought for a TENS unit, epidural steroid injection therapy, Norco, tramadol, and tizanidine. The same 25-pound lifting limitation was endorsed. On April 16, 2014, the applicant was again described as having persistent complaints of low back pain. Topical patches were endorsed. A 25-pound lifting limitation was endorsed. The attending provider suggested that the applicant had gone late to work on several occasions owing to heightened pain complaints. It was uncertain whether or not the applicant was presently working as of that day, however. There was no discussion of medication efficacy, however. On May 20, 2014, eight sessions of physical therapy were sought. The applicant was

given prescriptions for Lenza patches as well as 40 tablets of Norco. Somewhat incongruously, the attending provider then reported that the applicant was trying to get pregnant and did not want to take any pain medications. The applicant was having difficulty sleeping and stated that ongoing usage of medications barely reduced her pain. The remainder of the file was surveyed. There was no concrete evidence that the applicant had had physical therapy in 2013 or 2014. No physical therapy progress notes were in the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Norco 10/325 mg, take 1 two times a day # 40: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the attending provider has not clearly reported the applicant's work status from visit to visit. It was not altogether certain that the applicant is, in fact, working. The applicant's pain complaints do not appear to have been appreciably reduced as a result of ongoing Norco usage, moreover. Furthermore, the applicant is having difficulty performing even basic activities of daily living, it has been suggested, owing to heightened complaints of pain. All of the above, taken together, did not make a compelling case for continuation of Norco. Therefore, the request was not medically necessary.

Physical Therapy 2 x 4 to low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 99, 8.

Decision rationale: While the eight-session course of treatment proposed is compatible with the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here, this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment and also by commentary in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 48, which suggests that an attending

provider should furnish a prescription for physical therapy which clearly states treatment goals. In this case, however, the attending provider did not state how much prior therapy the applicant has had to date, what the response was, clearly outline the applicant's work status, and/or state what the goals were, going forward, with further physical therapy. Therefore, the request is not medically necessary.