

Case Number:	CM14-0105855		
Date Assigned:	07/30/2014	Date of Injury:	04/14/2008
Decision Date:	10/07/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/08/2014

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 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 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 44 year old female injured on 04/14/08 while pushing a pallet full of merchandise when she heard a popping sound in the low back and felt immediate pain. Prior treatment included chiropractic treatment, physical therapy, acupuncture, injection therapy, and medication management. Diagnoses included lumbar spine strain, mild degenerative disc disease with facet arthropathy at L4-5, and mild disc protrusions at L4-5 with annular tear. Clinical note dated 05/28/14 indicated the injured worker presented complaining of constant severe neck pain radiating into bilateral upper extremities with associated numbness and tingling in the dorsal forearms and hands. The injured worker also complained of constant, severe low back pain worsened with standing, bending, twisting, and lifting radiating into the right buttock posteriorly into the calf and foot. The injured worker also reported right leg felt weak and intermittently gave out while attempting to ambulate. The treatment plan included prescriptions for Norco 10/325mg 120 tablets one to two tablets Q six hours PRN. The injured worker reported naproxen, omeprazole, tramadol resulted in stomach upset. Additional request for physical therapy three times a week times six weeks to address cervical spine and lumbar spine complaints and request for MRI of the cervical spine and lumbar spine to determine source of progressively worsening symptoms. The initial requests were non-certified on 06/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy to the cervical and lumbar spine, three times per week for six weeks: 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.

Decision rationale: As noted on page 98 of the Chronic Pain Medical Treatment Guidelines, current guidelines recommend 10 visits over 8 weeks for the treatment of lumbar/cervical strain/sprain and allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. The documentation indicates the injured worker previously participated in physical therapy; however, the number of session, most recent date, and any functional improvement obtained was not provided. Additionally, the requested number of therapy sessions exceeds those recommended by current guidelines. There is no documentation of exceptional factors that would support the need for therapy that exceeds guidelines either in duration of treatment or number of visits. The medical necessity of the Outpatient physical therapy to the cervical and lumbar spine, three times per week for six weeks cannot be established at this time.

MRI of the lumbar and cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints, Magnetic Resonance Imaging (MRI) Page(s): online version.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, MRI is not recommended in cases of uncomplicated low back pain, with radiculopathy, until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, and recurrent disc herniation). The clinical documentation fails to establish compelling objective data to substantiate the presence of radiculopathy or neurologic deficit. Additionally, the documentation failed to provide prior diagnostic studies and serial physical examinations for review to establish a medical necessity. As such, the request for Magnetic Resonance Imaging (MRI) Lumbar Spine Quantity: 1.00 cannot be recommended as medically necessary.

Norco 10/325, quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Norco 10/325, quantity 120 cannot be recommended as medically necessary at this time.