

Case Number:	CM14-0157248		
Date Assigned:	09/30/2014	Date of Injury:	08/25/1996
Decision Date:	11/03/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/25/2014

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 August 25, 1996. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar spine surgery; intrathecal pain pump; a cane; and extensive periods of time off of work. In a Utilization Review Report dated September 9, 2014, the claims administrator denied a request for oxycodone, ultrasound, and an electric scooter. The applicant's attorney subsequently appealed. In a June 19, 2014 progress note, the applicant was described as ambulating with the aid of a cane. The applicant did not drive, it was noted. The applicant's walking was variable, it was stated. The applicant was able to stand for up to 20 minutes continuously, it was stated. It was then stated that the applicant was using a cane for safety purposes. The applicant was severely obese, standing 5 feet 9 inches tall, weighing 300 pounds. The applicant was asked to continue oxycodone and obtain intrathecal pain pump reprogramming. The applicant was described as disabled following earlier failed lumbar spine surgery. Lower extremity edema was noted. The attending provider stated that the applicant would undergo pump refill reprogramming. In a handwritten note dated August 27, 2014, the applicant reported persistent complaints of low back pain radiating into the bilateral lower extremities, with associated weakness about the legs. The applicant was deemed disabled on this occasion as well. Weakness about the legs was appreciated on exam. The applicant was severely obese, it was again noted, weighing 300 pounds. The applicant was asked to obtain a CT myelogram, intrathecal pump refill, and electric scooter. Oxycodone was refilled. The applicant was placed off of work. The applicant was using a cane, it was suggested on this occasion. The applicant was again described as being able to stand up to 20 minutes continuously.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines THERAPEUTIC ULTRASOUND Page(s): 123.

Decision rationale: 1. No, the request for 'ultrasound' is not medically necessary, medically appropriate, or indicated here. While the request is imprecise, it appears that the request represents a request for therapeutic ultrasound. However, as noted on page 123 of the MTUS Chronic Pain Medical Treatment Guidelines, therapeutic ultrasound is "not recommended" in the chronic pain context present here. The attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable MTUS position on the article at issue. Therefore, the request is not medically necessary.

Electric scooter: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices (PMDs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines POWER MOBILITY DEVICES Page(s): 99.

Decision rationale: 2. Similarly, the request for an electric scooter is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, power mobility devices such as the electric scooter at issue are not recommended if an applicant's functional mobility deficits can be sufficiently resolved through usage of a cane or walker. In this case, the applicant is, in fact, using a cane to move about. It appears that the applicant's gait and mobility deficits have been sufficiently rectified through usage of the cane. The attending provider did not outline why usage of a cane was unsatisfactory here. It is further noted that the MTUS Guideline in ACOEM Chapter 12, page 301 recommends maintaining maximum levels of activity. The provision of the scooter, thus, would run counter to ACOEM principles and parameters as it would ultimately reduce the applicant's overall level of activity. Therefore, the request is not medically necessary.

Continue oxycodone 30 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO CONTINUE OPIOIDS Page(s): 80.

Decision rationale: 3. Finally, the request for oxycodone, a short-acting opioid, is not medically necessary, medically appropriate, or indicated here. 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, the applicant is off of work. The applicant has been deemed "disabled," it has been suggested above. The attending provider has failed to outline any material improvements in function achieved as a result of ongoing oxycodone usage. The applicant is off of work. The applicant is apparently having difficulty even basic activities of daily living, it was suggested on several recent progress notes, referenced above, including driving. The applicant has apparently gained significant amounts of weight, it is further noted. The applicant was reporting pain complaints as high as 7+/10 on an office visit of August 27, 2014. All of the foregoing, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.