

Case Number:	CM14-0171508		
Date Assigned:	10/23/2014	Date of Injury:	06/07/2011
Decision Date:	12/02/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/16/2014

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 patient is a 68 year-old female with date of injury 06/07/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/20/2014, lists subjective complaints as ongoing low back pain. Treatment to date includes 16 sessions of chiropractic care, 23 sessions of acupuncture, and 8 sessions of physical therapy with good relief. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the lumbar spine with appreciated spasms. Right sided-sacroiliac tenderness was noted. Diminished sensation of the right L4, L5 and S1 nerve roots. Motor examination of the right tibialis, inversion, plantarflexion, and eversion are 5-/5. The right EHL was 4+/5. Diagnosis: 1. Grade I spondylolisthesis at L5-S1 2. Multiple herniated nucleus pulposus of the lumbar spine 3. Lumbar radiculopathy 4. Facet atrophy of the lumbar spine 5. Bilateral L5 pars fractures. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as six months. Medications: 1. Hydrocodone/ APAP 10/325mg, #120 SIG: one every 4-6 hours as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two times a week for four weeks for the lower back, lower back QTY: 8:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. The request for Physical Therapy two times a week for four weeks for the Lower Back, Lower Back Qty: 8 are not medically necessary.

Hydrocodone/APAP 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of at least 6 months. Hydrocodone/APAP 10/325mg #120 is not medically necessary.