

Case Number:	CM14-0172430		
Date Assigned:	10/23/2014	Date of Injury:	10/16/2012
Decision Date:	12/02/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/17/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 41 year old with an injury date on 10/16/12. Patient complains of bilateral low lumbar pain rated 5/10 per 10/16/14 report. Patient is currently taking Tramadol, Ibuprofen, and has tried Flexeril in the past per 10/16/14 report. Based on the 10/16/14 progress report provided by [REDACTED] the diagnoses are: 1. bilateral sacroiliitis 2. s/p bilateral L4-5 and L5-S1 radiofrequency nerve ablation 3. bilateral lumbar facet joint pain at L4-5 and L5-S1 4. lumbar facet joint arthropathy 5. lumbar s/s 6. lumbar degenerative disc disease 7. central disc bulge at L4-5 8. left paracentral disc bulge at L5-S1 Exam on 10/16/14 showed "L-spine range of motion restricted by pain in all directions." Patient's treatment history includes chiropractic treatment, radiofrequency rhizotomy, and medication. [REDACTED] is requesting physical therapy lumbar spine and bilateral SI joints, 8 sessions, and Norco 5/325mg QID PRN #60 (2 week supply). The utilization review determination being challenged is dated 10/8/14 and denies physical therapy due to prior access to supervised rehab services and is far removed from onset of symptoms. [REDACTED] is the requesting provider, and he provided a single treatment report from 10/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy lumbar spine and bilateral SI joints, 8 sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: This patient presents with lower back pain. The treating physician has asked for physical therapy lumbar spine and bilateral SI joints, 8 sessions. The 10/16/14 report states: "patient has never done physical therapy." Patient also has not had any recent surgeries. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, there is no record of recent therapy and a short course of treatment may be reasonable for patient's chronic lower back pain. The requested course of 8 physical therapy sessions appears reasonable for this patient's condition. Recommendation is medically necessary.

Norco 5/325mg QID prn #60 (2 week supply): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: This patient presents with lower back pain. The treating physician has asked for Norco 5/325mg QID PRN #60 (2 week supply). It is not known how long patient has been taking Norco, but patient is currently taking Norco. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician indicates a decrease in pain with current medications which include Norco, stating "patient's Oswestry Disability Index score is a 25/45 (50% disability) with use of Norco, while patient's Oswestry Disability Index is 36/45 (80% disability) without the use of Norco" per 10/16/14 report. Urine toxicology was obtained although report was not available. The patient does not have any side effects. It would appear the treating physician has provided adequate documentation including the four A's. Recommendation is for medically necessary.