

Case Number:	CM14-0023199		
Date Assigned:	05/14/2014	Date of Injury:	10/22/2012
Decision Date:	07/11/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/24/2014

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 and Pain Management, 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:

This patient is a 46-year-old male with date of injury 10/22/2012. For this review, only 77 pages of reports were provided with [REDACTED] progress reports from 07/15/2013, 08/23/2013, 09/04/2013, 09/25/2013, and 10/31/2013 reports. Utilization review letter is dated 02/10/2014 and progress reports discussing the specific requests are from 09/04/2013 and 07/15/2013 reports. Per handwritten report 10/31/2013, patient presents with low back pain, patient completed chiro, patient to have evaluation with pain management. Listed diagnoses: Low back pain with left lower extremity radiculopathy. The request for authorization is also missing. The only request for authorization found is for lumbar support from 10/15/2013. 07/15/2013 report is typed, with the patient presenting with sharp severe pain in the low back, initiated physiotherapy with the chiropractic doctor having prescribed medications for pain control and having had MRI of lumbar spine. Pain scale was 3/10 to 8/10. Pain is in the low back with soreness and weakness of the buttocks and bilateral lower extremities. Listed diagnoses of left lumbar spine radiculopathy, herniated nucleus pulposus. Recommendation was for chiropractic treatments 3 times a week for 4 weeks of lumbar spine, Lodine, Ultracet. 08/23/2013 report is a letter to the claims administrator requesting voltage-actuated sensory nerve conduction threshold of the lumbar spine. 09/25/2013 report is a letter to claims administrator asking for pain management consultation. The current list of the requests are denied by utilization review letter dated 02/10/2014 and states that the patient had attended 6 sessions of acupuncture in March 2013, without documentation of functional gains, has had 22 chiropractic sessions and 12 physical therapy visits, and given extensive chiro and physical therapy, request for physical therapy was not medically necessary or appropriate. No rationale provided for diclofenac and Lodine.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRACET: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Page(s): 12,93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain; Criteria for use of Opioids Page(s): 60-61; 78, 88-89.

Decision rationale: This patient presents with chronic low back pain. The available reports are sparse, but utilization review letter references an MRI from 02/04/2013 that showed 4-mm disk bulge at L4-L5, 6 mm at L5-S1, x-rays from 12/28/2013 showing mild discogenic spondylosis at L4-L5 and degenerative facet joint arthrosis at L4 to S1. Review of the reports shows that the patient was started on Ultracet from the initial evaluation 07/15/2013. Subsequent reports do not discuss medication efficacy or whether or not the patient is benefiting functionally from use of Ultracet. MTUS Guidelines require documentation of pain and function when medication is used for chronic pain (page 60), Ultracet is a synthetic opioid, and for chronic opiates use, page 78 of MTUS Guidelines require documentation of 4 A's and the pain assessment. The 4 A's include analgesia, ADLs, adverse effects, and adverse drug-seeking behavior. None of this information provided in the medical records included for review. One cannot tell whether or not this patient is taking this medication, how this medication is monitored, and with what effect. The request is not medically necessary and appropriate.

LODINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines medications for chronic pain Page(s): 60-61.

Decision rationale: This patient presents for chronic low back pain and the request was for Lodine which is an NSAID. MTUS Guidelines support use of NSAIDs for chronic low back pain at least for short term. In this case, none of the reports provided discuss Lodine specifically. MTUS Guidelines page 60 require documentation of pain and function when medications are used for chronic pain. In this case, none of the reports provided discuss efficacy of NSAID. Given the lack of any documentation, the request is not medically necessary and appropriate.

DICLOFENAC: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter NSAIDS Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: This patient presents for chronic low back pain and the request was for diclofenac which is an NSAID. MTUS Guidelines support use of NSAIDs for chronic low back pain at least for short term. In this case, none of the reports provided discuss diclofenac specifically. MTUS Guidelines page 60 require documentation of pain and function when medications are used for chronic pain. In this case, none of the reports provided discuss efficacy of NSAID. Given the lack of any documentation, the request is not medically necessary and appropriate.

ACUPUNCTURE TWICE A WEEK FOR SIX WEEKS (2X6): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Acupuncture For Neck & Low Back Pain: http://www.dir.ca.gov/dwc/DWCPropRegs/MedicalTreatmentUtilizationSchedule/MTUS_FinalCleanCopy.doc.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient presents with chronic low back pain with MRI demonstrating 4- to 6-mm disk bulges at multiple levels. The request was acupuncture 12 sessions. Despite review of the medical reports provided, I was not able to uncover progress report with the request for authorization. There is no rationale provided regarding the request. Utilization review letter 02/10/2014 states that the patient has had 6 sessions of acupuncture back in March of 2013. There was no documentation regarding efficacy of the acupuncture treatments tried. MTUS Guidelines allow up to 1 to 2 sessions per week, for 1 to 2 months if the initial trial of 6 sessions of acupuncture provide functional benefit. In this case, there were no functional benefits documented with previous trial of acupuncture treatments. The treating physician does not discuss the reasons for trying acupuncture again the request is not medically necessary and appropriate.

PHYSICAL THERAPY(P.T) THREE TIMES A WEEK FOR FOUR WEEKS (3X4):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Physical Therapy (PT).

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

Decision rationale: This patient presents with chronic low back pain with radiation down the lower extremity. The request is for 12 sessions of physical therapy. MTUS Guidelines allow 9 to 10 sessions of therapy for myalgia, myositis type of symptoms. In this case, utilization review letter 02/10/2014 makes reference to prior physical therapy as well as extensive chiropractic

treatments. There is no discussion regarding how the patient has responded to prior therapy treatments. The treating physician does not explain what is to be accomplished with additional physical therapy at this juncture. Furthermore, the requested 12 sessions of physical therapy exceeds what is allowed by MTUS Guidelines for this type of condition the request is not medically necessary and appropriate.