

Case Number:	CM14-0030217		
Date Assigned:	06/20/2014	Date of Injury:	07/06/2012
Decision Date:	10/08/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/10/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 07/06/12 while working as a housekeeper. She fell from attic approximately 12 feet and sustained an L1 compression fracture with cauda equina syndrome and underwent a lumbar decompression and fusion. Subsequent treatments included chiropractic care. She then developed symptoms in the head, neck, shoulders, elbows, back, and knees. On 09/14/13 she underwent an anterior cervical decompression and fusion. She has continued to have problems with neurogenic bladder symptoms. She was seen for neurosurgical follow-up on 02/06/14. She had improvement in left upper extremity strength. There is reference to providing a scooter for mobility. Physical examination findings included slight decrease in grip strength. The assessment references significant improvement in neck pain. There had been no concerns regarding her postoperative course. Additional physical therapy for strengthening and gait was requested. She was to return as needed. She was seen by the requesting provider on 03/06/14. The note is handwritten and barely legible. She had low back pain, cervical spine pain, and headaches. Physical examination findings included cervical spine tenderness and decreased range of motion. She was using a walker. She was continued out of work. On 04/01/14 she was having ongoing cervical and lumbar spine pain with headaches. Physical therapy was helping. There had been benefit after a Toradol injection. Physical examination findings included cervical and lumbar spine stiffness with decreased range of motion. Medications were continued. She was to continue participating in physical therapy and authorization for treatments two times per week for four weeks was requested. She was continued out of work. On 04/28/14 she had neck pain rated at 4-5/10, numbness of the hand, constant low back pain, lower extremity weakness, and was getting up at night to use the bathroom 8-9 times. Physical examination findings included ambulating with a

walker. There was decreased spinal range of motion and slightly decreased sensation of the hands and feet. The determination was that she had not reached maximum medical improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy visits: Upheld

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

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

Decision rationale: The claimant is more than 2 years status post work related injury and continues to be treated for chronic neck and back pain with a history of treatments including a lumbar and cervical spine fusion. The lumbar spine fusion was done after a fall resulting in a vertebral fracture with cauda equina syndrome. She has had post-operative physical therapy. In terms of physical therapy, patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands for strengthening and self-applied modalities such as heat and ice. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude her from performing such a program.

1 Toradol injection 60 mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac. Decision based on Non-MTUS Citation Official Disability Guidelines ,pain (chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Ketorolac (Toradol®)

Decision rationale: The claimant is more than 2 years status post work related injury and continues to be treated for chronic neck and back pain with a history of treatments including a lumbar and cervical spine fusion. The lumbar spine fusion was done after a fall resulting in a vertebral fracture with cauda equina syndrome. She has had post-operative physical therapy. The oral form of Toradol (Ketorolac) is recommended for short-term management of moderately severe, acute pain following surgical procedures in the immediate post-operative period. This medication is not indicated for minor or chronic painful conditions. However, Guidelines recommend Ketorolac, administered intramuscularly, as an alternative to opioid therapy. In this case, the claimant was undergoing a trial of opioid discontinuance related to the evaluation of gastrointestinal symptoms and therefore the Toradol injection was medically necessary.

60 Naproxen 550 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 73. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p91

Decision rationale: The claimant is more than 2 years status post work related injury and continues to be treated for chronic neck and back pain with a history of treatments including a lumbar and cervical spine fusion. The lumbar spine fusion was done after a fall resulting in a vertebral fracture with cauda equina syndrome. She has had post-operative physical therapy. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain as in this case. Dosing of naproxen is 275- 550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested strength (550 mg) is within the recommended dosing guidelines and therefore medically necessary.

1 Follow up with Neurosurgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines ,pain(chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Chapter 7: Independent Medical Examinations and Consultations, p127

Decision rationale: The claimant is more than 2 years status post work related injury and continues to be treated for chronic neck and back pain with a history of treatments including a lumbar and cervical spine fusion. The lumbar spine fusion was done after a fall resulting in a vertebral fracture with cauda equina syndrome. She has had post-operative physical therapy. When seen by her neurosurgeon she had done well and further follow-up was not needed. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant had completed her treatment and her care had been returned back to the treating provider. Her condition appears unchanged and there is no identified new injury. Therefore, the requested neurosurgery follow-up was not medically necessary.