

Case Number:	CM14-0041224		
Date Assigned:	06/27/2014	Date of Injury:	10/28/2013
Decision Date:	08/22/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	04/07/2014

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 is licensed to practice in Nevada. 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 injured worker is a 42-year-old male who was reportedly injured on October 28, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated on February 21, 2014 indicates that there are ongoing complaints of neck pain, right hip pain, and low back pain. The physical examination demonstrated tenderness along the lumbar paraspinal muscles with spasms. There was decreased range of motion of the lumbar spine and a positive straight leg test. There was decreased sensation in the right lower extremity and Apache distribution. Tenderness was noted at the greater trochanteric of the right hip. Diagnostic imaging studies reported L5-S1 disc desiccation with a central disc protrusion as well as disc bulges at L2-L3 and L3-L4. Previous treatment includes physical therapy, home exercise, ultrasound, soft tissue mobilization, electrical stimulation, and cold/hot packs. A request had been made for physical therapy, an OrthStim, Thermaphore, and hydrocodone/acetaminophen and was not certified in the pre-authorization process on March 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

OrthoStim4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

Decision rationale: According to the medical record the injured employee has previously received treatment with electrical stimulation, however there is no notation regarding the efficacy of this prior treatment. Without this information continued treatment with electrical stimulation is not justified. Therefore this request for the use of OrthoStim 4 is not medically necessary.

Thermaphore: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Heat Therapy, Updated July 3, 2014.

Decision rationale: According to the Official Disability Guidelines, heat therapy such as the use of a heat wrap combined with exercise during treatment significantly helps improve functional outcomes. As the injured employee is continuing physical therapy and a subsequent home exercise program, this request for a Thermaphore is medically necessary.

Hydrocodone/acetaminophen 60 times 2.5-325 tab (Norco): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80, 83, 115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78.

Decision rationale: Hydrocodone/Acetaminophen is a short-acting opioid combined with acetaminophen. California Medical Treatment Utilization Schedule supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request for hydrocodone/acetaminophen is not medically necessary.