

Case Number:	CM14-0042336		
Date Assigned:	06/30/2014	Date of Injury:	01/12/2002
Decision Date:	07/30/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/08/2014

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 49 year old female with an injury date on 01/02/2002. Based on the 03/14/2014 progress report provided by [REDACTED], the diagnoses are: 1. Chronic lower back pain with degenerative disc disease and facet arthritis L4-5 and L5-S1. 2. Post-op left shoulder surgery with chronic left shoulder pain status post subacromial decompression, Mumford procedure, and repair os acromiale status post repeat surgery with subacromial decompression and removal of the metal. 3. Numbness and tingling left upper extremity. 4. Mild right carpal tunnel syndrome clinically asymptomatic. Exam on 03/14/2014 reveals "range of motion of both shoulders is two thirds of normal," mild tenderness and weakness bilateral shoulders. Range of motion of the lumbar spine is 50% involved. Positive left straight leg raise. Weakness and numbness is noted diffusely of the left leg. The patient current prescriptions are Lidoderm I 5%, Soma 350mg, Valium 10 mg and Tylenol with codeine. MRI of the left shoulder in 2004, showed an os acromiale with mild a.c. arthritis. MRI of the lumbar spine in 2003 showed degenerative disc disease at L4-5 and L5-S1 with 2 mm disc bulges and annular tears. [REDACTED] is requesting physical therapy 3 times a week for 4 weeks to the lumbar spine, physical therapy 3 times a week for 4 weeks to the left shoulder and Norco 10/325mg #45 with 0 refills. The utilization review determination being challenged is dated 04/07/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 10/29/2013 to 06/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times a week for 4 weeks to the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS: Chronic Pain Medical Treatment Guidelines, Physical Medicine page(s) 98, 99. Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks, Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks.

Decision rationale: According to the 03/14/2014 report by [REDACTED], this patient presents with numbness and tingling in the left arm, left leg and foot. The treating physician is requesting physical therapy 3 times a week for 4 weeks to the lumbar spine. Review of the report shows the patient just received lower back injections on 03/11/2014, "pain now worsen, constant 7 /10 pain in the lower back going down the legs." For physical medicine, the MTUS guideline recommends for myalgia and myositis type symptoms 9-10 visits over 8 weeks. In this case, the file does not show any recent therapy to the low back and a short course may be warranted but the requested 12 sessions exceed what is allowed by the MTUS guidelines for the type of condition that this patient suffers from. Given the above the request is not medically necessary.

Physical Therapy 3 times a week for 4 weeks to the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS: Chronic Pain Medical Treatment Guidelines, Physical Medicine, page(s) 98, 99. Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks, Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks, page 98-99.

Decision rationale: According to the 03/14/2014 report by [REDACTED], this patient presents with numbness and tingling in the left arm, left leg and foot. The treating physician is requesting physical therapy 3 times a week for 4 weeks to the left shoulder. The patient is s/p shoulder surgery but is outside of post-surgical time-frame and for therapy treatments, MTUS guidelines page 98 and 99 allow 9-10 visits for myalgia, myositis, and the type of condition this patient suffers from. Review of the reports indicates that the patient has had 9 post-operative therapy from 09/10/2013 to 01/08/2014 without much improvement and the patient continues to experience pain. The treating physician does not mention why additional therapy is needed other than to continue therapy based on the patient's complaints. In addition, the requests for 12 sessions exceed what is allowed by MTUS guidelines for the kind of condition the patient is suffering from. Given the above the request is not medically necessary.

Norco 10/325 mg #45 with 0 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

MAXIMUS guideline: Decision based on MTUS: Chronic Pain Medical Treatment Guidelines, criteria for use of opioids, page(s) 88, 89. Page 78 of MTUS require "Pain Assessment" that require "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior, page 88-89.

Decision rationale: According to the 03/14/2014 report by [REDACTED], this patient presents with numbness and tingling in the left arm, left leg and foot. The treating physician is requesting Norco 10/325mg with 0 refills. Review of reports from 10/29/2013 to 06/17/2014; show that the patient has been taking Norco since 11/05/2012. On 01/27/2014, the patient reports a "constant pain at the low back, this can be sharp or dull." For chronic opiate use, MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least once every 6 months. Documentation of 4 A's (analgesia, ADLs, adverse side effects, adverse behaviors) are also required. Furthermore, under outcome measures, MTUS recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medications, et cetera. In this case, none of the reports show documentation of pain assessment using a numerical scale describing the patient's pain and function. No outcome measures are provided. No specific ADL's, return to work are discussed. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Given the above the request is not medically necessary.