

Case Number:	CM14-0044550		
Date Assigned:	07/02/2014	Date of Injury:	10/30/2001
Decision Date:	08/25/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/11/2014

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 and is licensed to practice in Illinois. 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 48-year-old female who reported an injury on 10/30/2001. The mechanism of injury was not provided in the medical records. Her diagnoses include piriformis syndrome and status post L5-S1 anterior and posterior lumbar interbody fusions. Her previous treatments include medications, physical therapy, chiropractic therapy and injections. The injured worker had an MRI of the lumbar spine with contrast on 05/21/2013 that revealed status post fusion of the L5-S1 with discoplasty with no evidence of spondylolisthesis was seen and there was suggestion of facet arthropathy at the level. The injured worker's previous surgical history included a L5-S1 lumbar fusion with discoplasty on 02/14/2012. Per the clinical note dated 01/22/2014, the injured worker reported she had severe weakness and pain in her left lower extremity. On examination, the physician reported she had positive straight leg raises and weakness to the dorsiflexion and plantar flexion of the great toe which was 2/5. She had loss to pinprick at the L5-S1 and the patient was unable to walk on her heels or stand on her toes without foot drop. The injured worker's medication listed on 02/24/2014 included Soma, Celebrex and Tylenol. The treatment plan included a selective nerve root block the therapy L5-S1 and facet injection at the L4-5 in the future. Per the clinical note dated 01/27/2014, the injured worker reported pain in her low back when walking. On physical examination, the physician reported she had decreased range of motion and pain of the lumbar spine with tenderness to palpation at the L5-S1 with spasms. There was also positive facet tenderness at the L5-S1 and pain with extension. The treatment plan included chiropractic sessions 2 times a week times 6 weeks and physical therapy 2 times a week times 6 weeks and a home traction unit. Per the clinical note dated 06/23/2014, the injured worker reported she continued to have low back pain and had increased pain. On physical examination, the physician reported she was positive for spasms on the lumbar spine, increased pain with range of motion, tenderness to

palpation at the L5-S1 and a positive flex test. The treatment recommendation included a CT scan and an epidural injection with [REDACTED] for pain. The current request is for decision for 6 physiotherapy sessions, 2 view x-rays of the right knee, 1 prescription of Tylenol #3 #16 and an LSO brace. The Request for Authorization and specific rationale for the requests were not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 physiotherapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines state physical medicine is recommended based on the philosophy that therapeutic exercise and/or activity beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines allow for fading treatments of frequency from up to 3 visits per week to 1 or less. The treatment recommendation for unspecified neuritis and radiculitis is 8 to 10 visits over 4 weeks. The clinical documentation provided indicated the injured worker continued to have chronic low back pain and left lower extremity pain. The documentation also indicated the patient had received previous therapy from 06/11/2013 through 07/26/2013; however, the objective functional gains made with the therapy were not provided. The clinical documentation failed to provide a current physical examination to indicate objective functional deficits. The request also failed to provide the documentation to indicate why the 6 physiotherapy sessions were being recommended over a home exercise program. Therefore, as the documentation failed to provide functional gains made with previous therapy, evidence of objective functional deficits, and the rationale for the request, the request would not be supported. As such, the request for 6 physiotherapy sessions is not medically necessary.

2 view x-rays of the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The California MTUS ACOEM Guidelines state that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Most knee problems improve quickly once any red flag issues are ruled out. For

patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fractures. The documentation did not indicate that the injured worker had failed an adequate period of conservative care and observation for the right knee. The documentation also failed to provide a physical examination of the right knee to indicate why the x-rays were necessary. Therefore, as there was no documentation to indicate the injured worker had completed a period of conservative care and observation, the request for the x-rays of the right knee would not be supported. As such, the request for 2 view x-rays of the right knee is not medically necessary.

1 prescription of Tylenol No. 3 #16: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines for the ongoing management of opioids should document pain relief, functional status, appropriate medication use and side effects. A pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioids, how long it takes for pain relief and how long pain relief lasts. The clinical documentation provided failed to provide a pain assessment to indicate the injured worker's 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. Documentation also failed to indicate the efficacy of the medication and if the injured worker had increased level of functions while taking the medication. The request also failed to provide the frequency of the medication. Therefore, as the documentation failed to provide a pain assessment to indicate the efficacy of the medication and if the injured worker had increased level of function while taking the medication, the request is not supported. As such, the request for Tylenol #3 #16 is not medically necessary.

1 LSO brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298 and 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar supports.

Decision rationale: The California MTUS/ACOEM Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The injured worker was noted to have chronic low back pain, dating back to her 2009 injury. Therefore, use of a lumbar support is not warranted per the guidelines. As such, the request for 1 LSO brace is not medically necessary.

