

Case Number:	CM14-0048713		
Date Assigned:	07/23/2014	Date of Injury:	04/22/2007
Decision Date:	08/29/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/26/2014

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 Occupational Medicine 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 applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 22, 2007. Thus far, the applicant has been treated with the following: analgesic medications; attorney representations; earlier lumbar spine surgery on February 6, 2009; subsequent lumbar hardware removal on August 4, 2011; and revision lumbar spine surgery on December 3, 2013; and epidural steroid injection therapy. In a Utilization Review Report dated March 12, 2014, the claims administrator partially certified a request for 12 sessions of postoperative physical therapy as six sessions of postoperative physical therapy, denied a home health aide, and denied a refill of unspecified medications. The applicant's attorney subsequently appealed. In a May 21, 2014 progress note, the applicant was placed off of work, on total temporary disability. The applicant reportedly refused acupuncture therapy. The applicant had ongoing complaints of severe low back pain with associated muscle spasms, it was noted. It was stated that the applicant was depressed and anxious. The applicant was asked to continue Naprosyn, Terocin, and Tramadol. On April 14, 2014, the applicant again presented with persistent complaints of low back pain. Lumbar range of motion was limited to 25% of normal. The applicant was walking slowly in the clinic setting. Repeat lumbar magnetic resonance imaging (MRI) imaging and computed tomography (CT) scanning were sought. On April 23, 2014, the applicant was placed off of work, on total temporary disability owing to reportedly severe complaints of low back pain. A cane, lumbar support, Naprosyn, Prilosec, Terocin, and tramadol were sought. On April 14, 2014, the applicant was again placed off of work, on total temporary disability. In a medical-legal evaluation of December 19, 2013, it was stated that the applicant's long back pain complaints and psychological stress were a function of cumulative trauma at work, including that associated with harassment on the job. In an earlier note of May 12, 2014, the applicant was described as having heightened complaints of low back pain

following the most recent spine surgery. The applicant was asked to consider a neuromodulation trial. The applicant was using a cane to move about. On May 12, 2014, the applicant's primary treating provider noted that the applicant's usage of Norco, Neurontin, Ambien, and Prilosec were only providing temporary and partial improvement. It was stated that the applicant was a candidate for a neuromodulation trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional postoperative physical therapy for the lumbar spine sessions QTY: 12.00:

Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for an additional 12 sessions of postoperative physical therapy are not medically necessary, medically appropriate, or indicated here. As noted in MTUS 9792.24.3.c.4.b, in cases in which no functional improvement is demonstrated, postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine period. In this case, the applicant had, in fact, failed to demonstrate any lasting benefit or functional improvement through earlier unspecified amounts of physical therapy following the most recent lumbar spine surgery of December 2013. The applicant remained off of work, on total temporary disability, several months removed from the date of injury. The applicant's pain complaints were consistently described as severe. The applicant continues to ambulate about using a cane. Magnetic resonance imaging (MRI) and computed tomography (CT) imaging were apparently sought on the grounds that the attending provider had deemed the earlier surgery and subsequent postoperative therapy a failure. All of the above, taken together, implied a lack of functional improvement as defined in MTUS 9792.20f despite earlier unspecified amounts of postoperative physical therapy following the most recent lumbar spine surgery in question. Therefore, the request for additional postoperative physical therapy is not medically necessary.

Home health aide for eight hours daily, seven days per week (QTY.=weeks) QTY: 2.00:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: The proposed home health aide for eight hours a day, seven days a week, is not medically necessary, medically appropriate, or indicated here. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are not recommended to deliver homemaker services of cooking, cleaning, bathing, assistance with activities of daily living, etc. In this case, it does appear that the home health services being sought in fact represent

provision of non-medical assistance with activities of daily living. This is not covered, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, as a stand-alone service. Therefore, the request is not medically necessary.

Medications refill QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7.

Decision rationale: The request for refill of unspecified medications is not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, the attending provider should tailor medications and dosages to the specific applicant taking into consideration applicant-specific variables such as comorbidities, other medications, and allergies. Efficacy of medications should also be incorporated into the decision to renew medications, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates. In this case, however, no discussion of medication efficacy was incorporated into the request to renew unspecified medications. Neither the attending provider nor the claims administrator stated which medication or medications were being refilled. Therefore, the request is not medically necessary.