

Case Number:	CM14-0086932		
Date Assigned:	07/23/2014	Date of Injury:	08/28/2008
Decision Date:	09/17/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/10/2014

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 Emergency 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:

This is a patient with reported date of injury on 8/28/14. Mechanism of injury was claimed as attempting to catch a falling person. Patient is post lumbar fusion on L5-S1 on 11/23/10. Medical records were reviewed. The last report available was 4/28/14. Patient reports severe back pain. Pain is constant, involving entire back, arms and legs. Most of the pain is to neck and low back. Objective exam reveals very limited range of motion of back with ROM (range of motion) limited by pain and positive lumbar spinous tenderness and iliac crest tenderness. Strength is normal except for noted 4/5 bilateral gastroc-soleus weakness. Also noted, were positive bilateral straight leg raise and Lasegue's test. The provider requested the physical therapy and Norco during that visit with no documentation as to reasoning. No recent imaging reports provided for review except for X-rays (4/28/14) which was benign except for post-fusion changes. Patient had reportedly completed post-operative physical therapy after lumbar surgery. Patient had reportedly had ongoing physical therapy with no noted improvement and also notes mentioning physical therapy was also done as recent as 4/2014. Independent Medical Review is for Norco 10/325mg (#unknown) and Physical Therapy of lumbar spine 3/week for 6weeks. Prior UR on 5/20/14 recommended modification of Norco from #unknown to #45 and non-certified physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 325/10mg, (quantity unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of all criteria. There is no noted improvement in function and patient is noted to be having severe pain even with current opioid therapy. There is no documentation of proper assessment for abuse. The prescription is also incomplete with no total number of tablets requested. Norco is not medically necessary.

Physical Therapy 3 times a week for 6 weeks for the lumbar spine: Upheld

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

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

Decision rationale: As per MTUS Chronic pain guidelines, physical therapy may be recommended due to good success rate. MTUS guidelines recommend fading frequency and home directed therapy. Patient has reportedly completed an unknown number of physical therapy sessions since operation almost over 3years prior. Note mentions no improvement with those sessions. There is no documentation of home directed physical therapy. There is no documentation of any end goal of repeat PT. There is no documentation as to why more PT was ordered. Patient appears to have severe pain with no improvement despite reported repeated PT. As per guidelines, it recommends up to a total of 10 PT sessions. The requested number of 18 additional sessions above what has already been done without adequate documentation is not medically necessary.