

<b>Case Number:</b>	CM13-0072635		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	11/10/2007
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 sustained a work related injury on 11/10/07. The diagnoses have included status post lumbar fusion, bilateral lower extremity radicular symptoms and cervical pain with bilateral arm radiculopathy. Treatments have included cervical spine trigger point injections, medications, lumbar spine epidural steroid injection without benefit, MRIs, x-rays, lumbar fusion surgery, spinal cord stimulator insertion and removal, physical therapy, aquatic therapy, H-wave therapy and TENS unit therapy. In the PR-2 dated 11/19/13, the injured worker complains of low back pain that radiates to left lower leg. She complains of cervical spine pain. She rates the pain a 5/10 on medications and an 8/10 without medications. The treatment plan is to request authorization of a psychiatric evaluation and treatment, for physical therapy and for medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy x12:** 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:** Based on the 12/17/13 progress report provided by treating physician, the patient presents with low back and left lower extremity pain, and cervical spine pain. The patient is status post cerebrovascular accident x2 with ongoing Coumadin therapy. The request is for physical therapy x12. The patient is status post L3-S1 lumbar fusion 09/09/09. RFA not provided. Patient's diagnosis on 12/17/13 includes bilateral lower extremity radicular symptoms, cervical pain with bilateral upper extremity radicular symptoms, painful scar in the right superior buttock at the site where the spinal cord stimulator was implanted and then removed, psychiatric diagnosis per AME report 06/18/10. Treatments have included cervical spine trigger point injections, medications, lumbar spine epidural steroid injection without benefit, MRIs, x-rays, lumbar fusion surgery, spinal cord stimulator insertion and removal, physical therapy, aquatic therapy, H-wave therapy and TENS unit therapy. Patient's medications include Norco, Gabapentin, Lidoderm patch, Wellbutrin, Prilosec, Lisinopril, Lovastatin, Lopressor, Coumadin and Dilantin. The patient has not worked since injury, per AME report dated 03/12/13, and claim settled in January 2012. MTUS Chronic Pain Management Guidelines, pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Per progress report dated 12/17/13, treater states "the patient has never had adequate therapy following her lumbar fusion in September 2009. In January of 2010, she attempted aquatic therapy but only completed three sessions and had to discontinue due to a severe exacerbation in pain. I am requesting authorization for the patient to undergo physical therapy two times a week per week for six weeks for core stabilization and for training in a home exercise program that she may participate in after completing physical therapy." Given the patient's diagnosis, continued symptoms, and a while since last therapy, a short course of physical therapy would be indicated by guidelines. In this case, treater does not discuss any flare-ups, does not explain why on-going therapy is needed, nor reason why patient is unable to transition into a home exercise program. Per physical therapy notes dated 01/15/14 - 03/13/14, the patient attended 6 visits prior to authorization. Furthermore, the request for 12 sessions would exceed what is allowed by MTUS for the patient's condition. Therefore, the request IS NOT medically necessary.

**Psyche eval/treat (unspecified):** 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 psychological evaluations Page(s): 100-101. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

**Decision rationale:** Based on the 12/17/13 progress report provided by treating physician, the patient presents with low back and left lower extremity pain, and cervical spine pain. The patient is status post cerebrovascular accident x2 with ongoing Coumadin therapy. The request is for psyche eval/ treat (unspecified). The patient is status post L3-S1 lumbar fusion 09/09/09. RFA not provided. Patient's diagnosis on 12/17/13 includes bilateral lower extremity radicular symptoms, cervical pain with bilateral upper extremity radicular symptoms, painful scar in the right superior buttock at the site where the spinal cord stimulator was implanted and then removed, psychiatric diagnosis per AME report 06/18/10. Treatments have included cervical spine trigger point injections, medications, lumbar spine epidural steroid injection without benefit, MRIs, x-rays, lumbar fusion surgery, spinal cord stimulator insertion and removal, physical therapy, aquatic therapy, H-wave therapy and TENS unit therapy. Patient's medications include Norco, Gabapentin, Lidoderm patch, Wellbutrin, Prilosec, Lisinopril, Lovastatin, Lopressor, Coumadin and Dilantin. The patient has not worked since injury, per AME report dated 03/12/13, and claim settled in January 2012. MTUS Chronic Pain Medical Treatment Guidelines page 100-101 for psychological evaluations states these are recommended for chronic pain problems. ACOEM page 127 Chapter 7 states, "Occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex. When psychosocial factors are present or when the plan or course of care may benefit from additional expertise." Labor Code 9792.6 under utilization review definition states, "Utilization review does not include determinations of the work-relatedness of injury or disease." Per progress report dated 12/17/13, treater states "I continued to request authorization for the patient to undergo psychiatric evaluation and treatment. The patient has undergone psychiatric AME on June 18, 2010. Future medical allowed for psychotherapy and medication management." Per treater report dated 01/14/14, "the patient does continue to be symptomatic with ongoing depression that she relates to her industrial injury." Consult for psychological factors is supported by ACOEM guidelines when psychosocial factors are present. Patient continues with pain and psychological evaluations are supported by MTUS. However, treater states in 01/14/14 progress report "the utilization review report states that the psychiatric AME in re-evaluation on June 28, 2011 concluded that the patient was MMI and stated that no further psychiatric treatment was indicated industrially." Psychological evaluation would be indicated by guidelines, as it has been awhile since last evaluation. However, treater has requested evaluation and treatment, unspecified number of sessions. It is not known whether treatment would be recommended. Furthermore, treatment would need to be requested separately and evaluated based on appropriate guidelines. Therefore, the request for a psychological evaluation and treatment IS NOT medically necessary.

**Levonox:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.dailymed.nlm.nih.gov><http://www.webmd.com>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Hip and Pelvis Chapter, Lovenox – Enoxaparin website [lovenox.com](http://lovenox.com) & [drugs.com](http://drugs.com) regarding Lovenox.

**Decision rationale:** Based on the 12/17/13 progress report provided by treating physician, the patient presents with low back and left lower extremity pain, and cervical spine pain. The patient is status post cerebrovascular accident x2 with ongoing Coumadin therapy. The request is for Levenox. The patient is status post L3-S1 lumbar fusion 09/09/09. RFA not provided. Patient's diagnosis on 12/17/13 includes bilateral lower extremity radicular symptoms, cervical pain with bilateral upper extremity radicular symptoms, painful scar in the right superior buttock at the site where the spinal cord stimulator was implanted and then removed, psychiatric diagnosis per AME report 06/18/10. Treatments have included cervical spine trigger point injections, medications, lumbar spine epidural steroid injection without benefit, MRIs, x-rays, lumbar fusion surgery, spinal cord stimulator insertion and removal, physical therapy, aquatic therapy, H-wave therapy and TENS unit therapy. Patient's medications include Norco, Gabapentin, Lidoderm patch, Wellbutrin, Prilosec, Lisinopril, Lovastatin, Lopressor, Coumadin and Dilantin. The patient has not worked since injury, per AME report dated 03/12/13, and claim settled in January 2012. ODG Hip and Pelvis Chapter has the following regarding Lovenox - Enoxaparin: "Not recommended. In patients undergoing orthopedic surgery, 2.5 mg of fondaparinux sodium once daily, starting 6 hours postoperatively, showed a major benefit over enoxaparin, achieving an overall risk reduction of venous thromboembolism greater than 50% without increasing the risk of clinically relevant bleeding. A once daily, 10-mg oral dose of rivaroxaban was significantly more effective for extended thromboprophylaxis than a once-daily, 40-mg subcutaneous dose of enoxaparin in patients undergoing elective total hip arthroplasty." Per lovenox.com, "Lovenox helps reduce the risk of deep vein thrombosis" (also known as DVT blood clots) to help avoid a potential pulmonary embolism in patients undergoing abdominal surgery, hip-replacement surgery, knee-replacement surgery, or medical patients with severely restricted mobility during acute illness. Per drugs.com, "Lovenox (enoxaparin) is an anticoagulant that helps prevent the formation of blood clots. Lovenox is used to treat or prevent a type of blood clot called deep vein thrombosis (DVT), which can lead to blood clots in the lungs (pulmonary embolism). A DVT can occur after certain types of surgery, or in people who are bed-ridden due to a prolonged illness. Lovenox is also used to prevent blood vessel complications in people with certain types of angina (chest pain) or heart attack. Lovenox may also be used for purposes not listed in this medication guide." Lovenox has been included in patient's medications, per treater reports dated 08/28/13, 12/17/13, 09/26/14. UR letter dated 12/27/13 states "...the patient is currently taking this prior to epidural injection, but this is inconsistent with the statement that the patient previously underwent epidural steroid injection already on 8/29/13 without improvement." Treater has not documented imminent surgery, nor deep vein thrombosis prophylaxis, for which guidelines still would not provide support. However, per progress report dated 12/17/13, treater states that per patient's hematologist "the patient is at risk for cardiovascular events if she is off the anticoagulants hence requires use of Lovenox prior to elective procedures." Treater has documented patient's risk factor for which this medication is indicated by specialist. Therefore, the request IS medically necessary.