

Case Number:	CM14-0186400		
Date Assigned:	11/14/2014	Date of Injury:	10/31/2012
Decision Date:	01/31/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/10/2014

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 Family Practice 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 injured worker is a 60 year old male who sustained a work related injury October 3, 2012, with unspecified injury in the case file to the left shoulder, neck, and back. At a follow-up office visit on March 4, 2014, the injured worker complains of low back pain which worsens with increased activity and is requesting refills of his medications. On physical examination the injured worker is alert and oriented x 3 and speech is fluent. There is difficulty with walking, changing position and getting on to the examining table. There is guarded motion noted with muscle spasm present, gait is antalgic. Lumbar range of motion reveals extension 10 degrees of 90 and flexion 45 degrees of 90. The treating physician documents the diagnoses as; moderate degenerative disc and facet disease with stenosis C5-6 and C6-7, lumbar degeneration L1-S1 worse at L4-S1, and disc bulges and foraminal stenosis L3-S1. The physician prescribed Valium, Norco, and Chondroitin, and a referral for physical therapy 2 x 6, to work on improving range of motion, core strength, and activity tolerance. Work status is documented as permanent and stationary and is requested to return to the clinic in 3 months. On a return visit September 10, 2014, the treating physician documents the injured worker complaining of low back pain, which is worse with prolonged activity, and is requesting medication refills and trigger point injections. On physical examination the documentation reveals difficulty walking, changing position and getting on to examining table. There is guarding with motion, muscle spasm and the gait is antalgic. The injured worker was administered trigger point injections x 2 into the sacroiliac distribution using a combination of Depo Medrol, Bupivacaine and Lidocaine without complication and with noted reduced pain immediately following the procedure. The diagnoses remain unchanged from the March 4, 2014 visit. There is no documentation of records present in the case file, of initial injury and treatment, x-rays, or MRI results. The injured worker was referred for physical therapy 3 x 4 to improve conditioning and Valium p.r.n. for spasm, Norco,

and Glucosamine. Work status is documented as permanent and stationary. According to utilization review performed October 27, 2014, the injured worker was approved for Norco 10/325mg QTY: 90, to initiate the weaning process. Requests non-certified included; physical therapy back QTY: 12, due to lack of explicit documentation of functional improvement with previous therapy sessions, Valium 10mg QTY: 60, due to lack of established medical necessity, and Glucosamine Chondroitin QTY: 90, due to lack of documentation of osteoarthritis and no functional improvement from its previous use. Of note, there is documentation present from utilization review dated November 24, 2014, responding to an appeal for physical therapy back, quantity 12, with approved modification rendered on appeal to physical therapy quantity 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the back, QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures; Physical Medicine Page(s): 48, 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical therapy

Decision rationale: The request for 12 sessions of physical therapy for the lumbar spine is not medically necessary. The patient is over two years post injury and the medical records do not establish evidence of objective functional improvement from prior physical therapy sessions. Furthermore, there is indication that 8 sessions of physical therapy was authorized on 11/24/14. Eight sessions of physical therapy would be sufficient to address the recent complaints and to insure proper re-education in a home exercise program. Therefore, this request is not medically necessary.

Valium 10mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

Decision rationale: References do not recommend long term use of benzodiazepines. Furthermore, the patient is also taking Norco, which in conjunction with benzodiazepines puts the patient at a greater risk of respiratory depression. The request for Valium to be used p.r.n. for muscle spasms is not medically necessary.

Glucosamine Chondroitin QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 49-50. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Glucosamine

Decision rationale: According to the California MTUS guidelines, Glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. In this case, the medical records do not establish evidence of knee osteoarthritis, and the patient's chief complaint is regarding the lumbar spine. According to Official Disability Guidelines, glucosamine is not recommended for low back pain. Glucosamine is not significantly different from placebo for reducing pain-related disability or improving health-related quality of life in patients with chronic low back pain (LBP) and degenerative lumbar osteoarthritis, and it should not be recommended for patients with lower back pain. Therefore, the request for Glucosamine Chondroitin is not medically necessary.