

Case Number:	CM14-0188597		
Date Assigned:	11/19/2014	Date of Injury:	02/13/2008
Decision Date:	01/07/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/12/2014

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 Internal 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 injured worker is a 51-year-old man with a date of injury of February 13, 2008. The mechanism of injury occurred as a result of the injured worker arresting a suspect who became combative. During the arrest, the injured worker was knocked off balance and fell off the road onto his back. The injured worker was referred to the company doctor who provided treatment to his right calf muscle. The injured worker was placed on temporary total disability and was provided a short course of physical therapy (PT). A couple of months later, the provider noted that the injured worker's calf complains were coming from his lower back. He was provided with additional PT, MRI of the lumbar spine, a lumbar epidural steroid injection, which did not provide significant relief. Lumbar spine surgery was recommended, but the injured worker decline and was deemed permanent and stationary. On June 26, 2014, the injured worker experienced a seizure while at home which was attributes to doubling up on his pain medications. Pursuant to the progress report dated August 13, 2014, the injured worker complained of low back pain radiating to the bilateral lower extremities, stress, anxiety, depression, and sexual dysfunction. Objective physical findings revealed tenderness to palpation over the paraspinal musculature bilaterally with muscle spasms and muscle guarding present. Straight leg raise test elicits radiating pain to the bilateral knees. Range of motion of the lumbar spine is measured by dual inclinometer as follows: Flexion is 26 degrees, extension is 9 degrees, right side bending is 11 degrees, and left side bending is 8 degrees. Sensation to pinprick and light touch in the bilateral lower extremities is decreased along the right L5 and left L3 to L5 dermatomes. The injured worker has been diagnosed with lumbar spine musculoligamentous sprain/strain with bilateral lower extremity radiculitis with multilevel disc protrusion and stenosis from L3 through S1, retrolisthesis of L5-S1, facet hypertrophy from L4 to S1, transitional segment at L5 per MRI scan dated July 21, 2014; emotional complaints, deferred to

appropriate specialist; and sexual dysfunction, deferred to appropriate specialist. The treatment plan recommendations includes Norco 10/325mg, Celebrex 200mg, Flexeril 10mg, aquatic therapy 3 times a week for 4 weeks, home interferential unit, lumbosacral orthosis, and a pain management consultation for consideration for lumbar epidural steroid injections and/or facet blocks with possible radiofrequency rhizotomy. Pursuant to the progress report dated August 13, 2014, the IW complains of low back pain radiating to the bilateral lower extremities, stress, anxiety, depression, and sexual dysfunction. Objective physical findings revealed tenderness to palpation over the paraspinal musculature bilaterally with muscle spasms and muscle guarding present. Straight leg raise test elicits radiating pain to the bilateral knees. Range of motion of the lumbar spine is measured by dual inclinometer as follows: Flexion is 26 degrees, extension is 9 degrees, right side bending is 11 degrees, and left side bending is 8 degrees. Sensation to pinprick and light touch in the bilateral lower extremities is decreased along the right L5 and left L3 to L5 dermatomes. The IW has been diagnosed with lumbar spine musculoligamentous sprain/strain with bilateral lower extremity radiculitis with multilevel disc protrusion and stenosis from L3 through S1, retrolisthesis of L5-S1, facet hypertrophy from L4 to S1, transitional segment at L5 per MRI scan dated July 21, 2014; emotional complaints, deferred to appropriate specialist; and sexual dysfunction, deferred to appropriate specialist. The treatment plan recommendations includes Norco 10/325mg, Celebrex 200mg, Flexeril 10mg, aquatic therapy 3 times a week for 4 weeks, home interferential unit, lumbosacral orthosis, and a pain management consultation for consideration for lumbar epidural steroid injections and/or facet blocks with possible radiofrequency rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids specific drug list Page(s): 78-80, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG), Norco 10/325 #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany the opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the documentation indicates the injured worker was taking Norco as of March 5, 2014. The working diagnoses were lumbar degenerative disc disease; lumbago; lumbar disc herniation; and lumbar radiculitis. The medical record does not contain documentation of objective functional improvement. The injured worker gives a history of a seizure while at home that he attributed to doubling up on his team medications

(narcotics). Consequently, absent the appropriate documentation for the continued, ongoing opiate use, Norco 10/325#120 is not medically necessary.

Aquatic therapy three times a week for four weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Aquatic Therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG), aquatic therapy three times a week for four weeks to the lumbar spine is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity sewers specifically recommended where reduced weight-bearing is desirable, for example with extreme obesity. Recommendations on the frequency and duration of physical therapy visits, consult the ODG. In this case, the injured worker's working diagnoses were lumbar degenerative disc disease; lumbago; lumbar disc herniation; and lumbar radiculitis. The injured worker completed physical therapy; however, there was no documentation in the medical record regarding the actual physical therapy sessions. There was no objective functional improvement as a result of physical therapy documented. Additionally, the documentation does not indicate why aquatic therapy is preferred over land-based therapy. Consequently, aquatic therapy three times a week for four weeks lumbar spine is not medically necessary.

Home inferential unit unspecified if purchased or rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ICS Page(s): 120.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Home Interferential Unit

Decision rationale: Pursuant to the Official Disability Guidelines (ODG), home interferential unit unspecified if purchase or rental is not medically necessary. Home Interferential unit (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The ODG enumerates the patient selection criteria that should be documented by the medical care provider for ICS to be determined to be medically necessary. These criteria include, but are not limited to, pain is an effectively controlled due to diminished effectiveness of medications; or pain as effectively control of medications due to side effects; history of substance abuse; or/and

unresponsive to conservative measures. If these criteria are met, then one month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits there should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. In this case, the request is not specified ICS for purchase or for rental. Additionally, there was an isolated event in June 2014 when the injured worker had a possible seizure as a result of doubling up on his pain medication (narcotic opiates). There was no risk assessment in the medical record to indicate whether the injured worker was at low risk, intermediate or high risk for drug misuse or abuse prior to or subsequent to that event. Consequently, absent the relevant clinical information, this request is not medically necessary.