

<b>Case Number:</b>	CM14-0198933		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	11/17/2008
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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:

This is a 35 year old female patient who sustained a work related injury on 11/17/2008. Patient sustained the injury when she lifted a 10 to 20 lb bag of rice and felt a pull and popping sensation on the left side of her low back that radiated down her left leg. The current diagnoses include status post exploration of the sciatic nerve with release of the piriformis tendon, complex pain syndrome, and status post lumbosacral sprain/strain and a reflex sympathetic dystrophy/regional pain syndrome. Per the doctor's note dated 10/29/14, patient has complaints of constant low back pain, at 6/10, which radiates into the bilateral lower extremities and down to the feet with associated numbness, tingling and spasms. Physical examination of the revealed trigger points at L4-L5 and L5-S1, forward flexion of 20 degrees, extension of 5 degrees, right lateral bend of 5 degrees and left lateral bend of 5 degrees, Kemp's test, Patrick (FABERE) test and Valsalva maneuver were positive bilaterally, 4/5 strength, sensory deficit in the L4 through S1 dermatomes on the left and 2+ reflexes. The current medication lists include Dilaudid, MS Contin, Cymbalta, Ambien and Colace. The previous medication list include Neurontin, Xanax, Norco, Elavil, Lyrica, Nucynta, Soma and Synthroid, ibuprofen and Senokot. The patient has had X-ray, EMG and MRI of the low back that was normal; CT scan of the low back that revealed minimal posterior disc protrusion that did not result in central canal stenosis or nerve root impingement and disc protrusion was central in position. She had back surgery in 4/10 that includes decompression and release of pressure in the piriformis muscle on the sciatic nerve and in 7/10; gastric sleeve surgery and umbilical hernia repair on 08/25/2014. She has had spinal cord stimulator for this injury. She had received three injections in the low back or piriformis muscle and she had 11 physical therapy sessions between the injections. The patient has received an unspecified number of psychotherapy, PT and chiropractic visits for this injury. The patient has

had Urine toxicology study that was negative for opioid and benzodiazepine on 6/6/12The patient has used a motorized scooter for this injury.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Colace 250mg 2 po bid #120 1 refill:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Thompson Micromedex FDA labeled indication for Docusate sodium Constipation care

**Decision rationale:** ACOEM/CA MTUS do not address this request. Colace contains Docusate sodium. According to the Thompson Micromedex FDA labeled indication for Colace includes "constipation care." As per records provided patient is taking narcotics, which can cause constipation. Therefore, the medical necessity of Colace 250mg 2 po bid #120 1 refill is medically necessary and appropriate.

**Additional physical therapy 2 x 4 for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

**Decision rationale:** The guidelines cited below state, " allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine" Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The request for Additional physical therapy, quantity 10 is not fully established for this patient.

