

Case Number:	CM14-0204347		
Date Assigned:	12/16/2014	Date of Injury:	08/04/2011
Decision Date:	02/09/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/08/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional Spine Pain Management 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 patient is a 52-year-old female with date of injury of 08/04/2011. The listed diagnoses from 11/01/2014 are: 1. Lumbalgia. 2. Neuralgia, neuritis and radiculitis. 3. Internal derangement of the knee. According to this report, the patient complains of low back pain at a rate of 9/10. She describes her pain as sharp which is made worse with the cold weather. The patient also presents with recurrent epistaxis. She patient has a history of lumbar Epidural Steroid Injection x2, L5-S1 laminectomy, facetectomy, foraminotomy, and discectomy. Her medications include metformin, baclofen, Soma, and Norco. The examination shows sensory examination is intact in the bilateral upper extremities and decreased in the lower extremities. Reflex testing of the upper extremities is 2+. Tenderness to palpation at L1 to L5 in the lumbar spine. Left greater than right SI joint pain. Kemp's test is positive bilaterally. Treatment reports from 06/09/2014 to 11/01/2014 were provided for review. The utilization review authorized physical therapy, aqua therapy, and Norco and denied the Epidural Steroid Injection and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physical Therapy 1 x 4 week: Overturned

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 and 99.

Decision rationale: This patient presents with back pain. The provider is requesting an Outpatient Physical Therapy 1 times 4 weeks. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The records do not show any previous physical therapy reports to determine the number of treatments the patient has received and with what results. The utilization review authorized the request. It does not appear that the patient has had any recent physical therapy visits. In this case, a short course of therapy is reasonable and the request is within MTUS guidelines. The request is medically necessary.

Aqua Therapy 2 x 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy Physical Medicine Page(s): 22; 98 and 99.

Decision rationale: This patient presents with back pain. The provider is requesting Aqua Therapy 2 Times 4 Weeks. The MTUS Guidelines page 22 recommends aqua therapy as an option for land-based physical therapy in patients that could benefit from decreased weight-bearing such as extreme obesity. For the number of treatments, MTUS pages 98 and 99 on physical medicine section states that 8 to 10 sessions of physical therapy is indicated for various myalgias and neuralgias. No aquatic therapy reports were made available for review to determine the number of treatments the patient has received and with what results. The utilization review authorized the request. The 10/03/2014 report shows that the patient continues to present with acute lower extremity pain and low back pain. The patient's height is 5'8" and her current weight was not noted. The provider does document morbid obesity in the chart; however, there is no discussion of weight-bearing issues. The request is not medically necessary.

Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46 and 47.

Decision rationale: This patient presents with back pain. The provider is requesting Epidural Steroid Injection. The MTUS Guidelines page 46 and 47 on Epidural Steroid Injection states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a

general recommendation of no more than 4 blocks per region per year. The records show that the patient has received 2 lumbar Epidural Steroid Injection in the past. However, results of these procedures are unknown. The provider references an MRI of the lumbar spine, date unknown, which showed evidence of degenerative changes from L1-L2 through L5-S1. No evidence of spinal stenosis. Disk bulge is worse at L4-L5. Most of the changes are at L3-L4 and L4-L5. The 11/01/2014 report shows a negative straight leg raise. Kemp's test is positive bilaterally, which aggravates the lumbar spine. In this case, the MTUS guidelines require at least 50% pain relief for 6-8 weeks for repeat blocks and there is not documentation that the patient's previous LESI produced this result. Furthermore, the MRI of the lumbar spine does not show any evidence of radiculopathy and stenosis. The request is not medically necessary.

Soma 350mg #90: 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 Carisoprodol (Soma) Page(s): 29.

Decision rationale: This patient presents with back pain. The provider is requesting Soma 350mg, #90. The MTUS Guidelines page 29 on Carisoprodol (Soma) states that it is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed centrally acting skeletal muscle relaxant whose primary active metabolite is Meprobamate (a schedule IV controlled substance). The records show that the patient was prescribed Soma on 09/05/2014. In this case, the MTUS Guidelines do not support the long term use of Soma. The request is not medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Criteria for initiating opioids Medications for chronic pain, Page(s).

Decision rationale: This patient presents with back pain. The provider is requesting Norco 10/325 mg, #120. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. The records show that the provider is prescribing Norco in conjunction with the patient's current medication of Vicodin and Soma. There is no discussion as to why Norco is being prescribed. The provider does not explain why Vicodin is insufficient in providing pain relief. In this case, there is no indication that the patient's current opioid has failed and the request for another narcotic is not warranted. The request is not medically necessary.