

Case Number:	CM14-0210178		
Date Assigned:	12/23/2014	Date of Injury:	06/06/2014
Decision Date:	02/17/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/15/2014

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 Occupational 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:

This case is a 45 year old male with a date of injury on 6/6/2014. A review of the medical records indicate that the patient has been undergoing treatment for possible disc degeneration, cervical sprain/strain, anxiety, and depression. Subjective complaints (12/18/2014) include neck and upper back pain, 3/10 scale with medications, 5-6/10 scale without medications. Objective findings (12/18/2014) include cervical spine and paraspinal muscle tenderness, no stiffness or spasms, painful but normal range of motion to cervical and thoracic lumbar spine. Treatment has included norco (discontinued due to nausea), TENs unit, ibuprofen, home exercise program, physical therapy/aqua therapy (at least 7 sessions), ultram, and gabapentin. A utilization review dated 11/17/2014 non-certified for the following: - Physical Therapy lumbar QTY: 6.00- Purchase of Cervical Traction Unit - Zohydro 10mg QTY: 60.00

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy lumbar QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine

Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical records indicate at least 6-7 sessions of physical therapy and aqua therapy. Medical records do not document improved functional status. Additionally, ODG generally recommends no more than 10 sessions. The request for 6 in addition to what has been accomplished would be in excess of the guidelines. The treating physician does not detail what extenuating circumstances would warrant deviation from the guidelines. As such, the request for Physical Therapy lumbar QTY: 6.00 is not medically necessary.

Purchase of Cervical Traction Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Upper Back & Neck, Traction

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Traction.

Decision rationale: MTUS is silent specifically regarding traction devices. ODG states, "Recommend home cervical patient controlled traction (using a seated over-the-door device or a supine device, which may be preferred due to greater forces), for patients with radicular symptoms, in conjunction with a home exercise program. Not recommend institutionally based powered traction devices. Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy . . . For decades, cervical traction has been applied widely for pain relief of neck muscle spasm or nerve root compression. It is a technique in which a force is applied to a part of the body to reduce paravertebral muscle spasms by stretching soft tissues, and in certain circumstances separating facet joint surfaces or bony structures. Cervical traction is administered by various techniques ranging from supine mechanical motorized cervical traction to seated cervical traction using an over-the-door pulley support with attached weights. Duration of cervical traction can range from a few minutes to 30 min, once or twice weekly to several times per day. In general, over-the-door traction at home is limited to providing less than 20 pounds of traction". The treating physician does not document radicular or neurologic deficits in the upper extremities to justify traction at this time. As such the, request for Purchase of Cervical Traction Unit is not medically necessary.

Zohydro 10mg QTY: 60.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

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

Decision rationale: Zohydro is a brand name version of Hydrocodone. ODG does not recommend the use of opioids for back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, increased level of function, or improved quality of life. As such, the question for Zohydro 10mg QTY: 60.00 is not medically necessary.