

Case Number:	CM15-0003940		
Date Assigned:	01/14/2015	Date of Injury:	04/29/2013
Decision Date:	03/10/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 36 year old male, who sustained an industrial injury on 4/29/2013. The diagnoses have included herniated disc of the lumbar spine with radiculopathy. Treatment to date has included microlumbar decompression 7/29/2014, physical therapy (that the injured worker reported increased range of motion), home exercise program. Currently, the IW complains of back pain at level 7/10. The threatening provider reported muscle spasms that become severe in the bilateral lower extremities. Decreased sensation in the right lumbar region and reduced muscle strength. On 12/30/2014 Utilization Review non-certified physical therapy x 2 and Norco 10/325mg #60, noting the MTUS Chronic Pain Treatment Guidelines, Post-Surgical Rehabilitation Treatment Guidelines and Opioid. On 1/7/2015, the injured worker submitted an application for IMR for review of physical Therapy x 2 and Norco 10/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Lumbar 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Low back section, Physical therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy lumbar spine two times per week times six weeks (12 visits) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical 30). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are herniated nucleus pulposus lumbar spine; and lumbar radiculopathy. The injured worker completed six sessions of physical therapy with range of motion and continues to stretch and perform home exercises daily. Subjectively, the injured worker complains of back pain 7/10. There is stabbing pain that radiates down the bilateral lower extremities. Objectively, there is diffuse tenderness to palpation of the lumbosacral spine spasms noted in the bilateral paraspinal region. There is decreased sensation at L5-S1 dermatomes on the right. Physical therapy documentation does not provide objective functional improvement. The clinical documentation does not address the injured worker's functional deficits that are to be addressed with additional physical therapy. The guidelines indicate when treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The documentation did not contain compelling clinical facts to warrant additional physical therapy. Additionally, the injured worker is continuing exercises in a home exercise base program. Consequently, absent compelling clinical documentation to support ongoing physical therapy in agreement with the recommended guidelines, physical therapy lumbar spine two times per week times six weeks (12 visits) is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #120 is not medically necessary. Ongoing, chronic opiate use requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are herniated nucleus pulposus lumbar spine; and lumbar radiculopathy. The injured worker completed six sessions of physical therapy with range of motion and continues to stretch and perform home exercises daily. Subjectively, the injured worker complains of back pain 7/10. There is stabbing pain that radiates down the bilateral lower extremities. Objectively, there is diffuse tenderness to palpation of the lumbosacral spine spasms noted in the bilateral paraspinal

region. There is decreased sensation at L5-S1 dermatomes on the right. The documentation indicates Norco 10/325 mg was started April 10, 2014. The documentation does not contain evidence of objective functional improvement as it relates to Norco. There were no attempts at titrating Norco 10/325 mg. There were no detailed pain assessments or risk assessments in the medical record. Consequently, absent clinical documentation with functional improvement to support the ongoing use of Norco in conjunction with detailed pain assessments and risk assessments, Norco 10/325 mg #120 is not medically necessary.