

<b>Case Number:</b>	CM15-0007524		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	05/10/2004
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 53-year-old male who reported an injury on 05/10/2004. The mechanism of injury was reportedly carrying a heavy objective. His diagnoses were noted to include lumbar pseudoarthrosis and loosened hardware L4-5 and L5-S1. Past treatments were noted to include medications, postoperative physical therapy and surgery. On 12/01/2014, it was indicated the injured worker had complaints of pain to his low back and legs. Upon physical examination, it was indicated that he had tenderness to palpation to the lumbar region and pain with extension. It was noted his best bend is to 40 degrees. It was indicated he had a very positive straight leg raise on the left side and straight leg raise on the left side and diffuse weakness in his left leg. It was noted his muscle strength measured 3/5. The treatment plan was noted to include surgery, physical therapy and Norco. The requests were received for 12 physical therapy sessions to the lumbar spine and Norco 10/325 mg #90 without a rationale.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical Therapy sessions to the Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98-9. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar Physical Therapy

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

**Decision rationale:** According to the California MTUS Guidelines physical medicine is recommended to restore function, such as range of motion and motor strength. The guidelines also indicate that no more than 10 visits should be necessary, unless exceptional factors are notated. The clinical documentation submitted for review indicated the injured worker had participated in post-op physical therapy; however, it was not indicated how many sessions he had participated in and the outcome of such. Consequently, the request is not supported by the evidence based guidelines. As such, the request for 12 physical therapy sessions to the lumbar spine is not medically necessary.

**Norco 10/325mg #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 Opioids, criteria for use Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, ongoing use of opioids must be monitored with the direction of the 4 A's. The 4 A's for ongoing monitoring include analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors. The clinical documentation submitted for review indicated the injured worker had been taking this pain medication for an unspecified duration of time; however, there was no documentation noting pain in ADLs with and without the use of this medication and a urine drug screen was not provided to determine medication compliance. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request does not specify duration and frequency of use. As such, the request is not medically necessary.