

<b>Case Number:</b>	CM15-0007531		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	11/30/2010
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/30/2014
<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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 female who reported an injury on 11/30/2010 due to an unspecified mechanism of injury. On 01/10/2015, she presented for a followup evaluation. She reported low back pain, as well as neck pain and radiation to the bilateral lower extremities. She rated her pain at a 10/10. Objective findings included decreased deep tendon reflexes and pain with numbness in the bilateral lower extremities. She was diagnosed with lumbar degenerative disc disease and 'FBSS.' It should be noted that the document provided was handwritten and illegible. The treatment plan was for Dilaudid 8 mg to 10 mg, Duragesic fentanyl 50 mcg/hour, physical therapy, and a psychological evaluation. The rationale for treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diaudid 8-10mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going managment. Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, on ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the lumbar spine. However, there is a lack of documentation showing evidence of efficacy of this medication to support its continuation. Documentation regarding a functional improvement and a quantitative decrease in pain, as well as a proper pain assessment, was not provided for review. Also, the frequency of the medication was not provided within the request. Therefore, the requested medication is not supported. As such, the request is not medically necessary.

**Duragesic (Fentanyl) 50mcg/hr #10: 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 On-Going management. Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, on ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the lumbar spine. However, there is a lack of documentation showing evidence of efficacy of this medication to support its continuation. Documentation regarding a functional improvement and a quantitative decrease in pain, as well as a proper pain assessment, was not provided for review. Also, the frequency of the medication was not provided within the request. Therefore, the requested medication is not supported. As such, the request is not medically necessary.

**Physical Therapy (Unspecified Area and quantity): 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 Physical Medicine. Page(s): 98-99.

**Decision rationale:** The California MTUS Guidelines recommend physical therapy for myalgia and myositis unspecified for 9 to 10 visits over 8 weeks. For neuralgia and neuritis and radiculitis unspecified, 8 to 10 visits over 4 weeks is recommended. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the lumbar spine. However, the site for which physical therapy was to be performed on, as well as how many sessions were being requested, was not clearly documented and it was not stated within the request. In addition, there is a lack of documentation showing that the injured worker has any significant functional deficits to support this request. As such, the request is not medically necessary.

**Psychological Evaluation: 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 On-Going management. Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend psychological consultations for those with signs and symptoms of depression, anxiety, or irritability. Based on the clinical documentation submitted for review, the injured worker was not noted to have signs and symptoms of depression, anxiety, or irritability to support the request for a psychological evaluation. In addition, a clear rationale was not provided for the medical necessity of a psychological evaluation and without this information, the request would not supported. As such, the request is not medically necessary.