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| Case Number: | CM15-0109485 | | |
| Date Assigned: | 06/16/2015 | Date of Injury: | 09/30/2014 |
| Decision Date: | 07/14/2015 | UR Denial Date: | 06/03/2015 |
| Priority: | Standard | Application Received: | 06/08/2015 |

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 44 year old male, who sustained an industrial injury on September 30, 2014. He reported falling off a ladder about four feet, injuring his back. The injured worker was diagnosed as having annular tears L2-L3 and L4-L5 and left foraminal stenosis L2-L3 and bilateral foraminal stenosis at L4-L5. Treatment to date has included MRI, bracing, physical therapy, massage, TENS, and medication. Currently, the injured worker complains of low back pain with lower extremity symptoms. The Primary Treating Physician's report dated May 2, 2015, noted the injured worker rated his pain at 7/10, with medications at current doses facilitating maintenance of activities of daily living (ADLs). Physical examination was noted to show lumbar spine tenderness with diminished sensation in the left L5 and S1 dermatomal distributions, and positive straight leg raise on the left. The lumboparaspinal musculature was noted with spasms. The treatment plan was noted to include requests for additional physical therapy to the lumbar spine, continued TENS, continued LSO brace, prescribed Hydrocodone, and dispensed Pantoprazole and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy sessions, 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The following diagnoses have their associated recommendation for number of visits: Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ACOEM guidelines: physical and therapeutic interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. The claimant had completed at least 6 sessions prior to this request. Consequently, additional therapy sessions exceed the total amount recommended by the guidelines and are not medically necessary.

Hydrocodone 10/325mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91,78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone along with Tramadol for several months. Although there was adequate pain relief, there was no mention of failure of weaning attempt or use of 1st line medications. The continued and chronic use of Norco is not medically necessary.