

Case Number:	CM15-0018485		
Date Assigned:	02/06/2015	Date of Injury:	11/18/2004
Decision Date:	04/01/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/30/2015

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
 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 57 year old male, who sustained an industrial injury on November 18, 2004. The diagnoses have included lumbar musculoligamentous injury and lumbar stenosis. Treatment to date has included oral medications. Currently, the injured worker complains of lumbar spine pain, moderate dull, achy low back pain radiating to buttocks lower left leg associated with sitting, standing and bending relief with medication. In a progress note dated January 9, 2015, the treating provider reports decreased Rom to lumbar spine and Kemp's causes pain, straight leg raise causes pain on the left. On January 7, 2015 Utilization Review non-certified a physical therapy twelve sessions, and acupuncture twelve sessions, Norco 5/325mg and 1 urine toxicology, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Physical Therapy: Upheld

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

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

Decision rationale: The patient presents with moderate dull lumbar spine pain rated 9/10, achy low back pain radiating to buttocks lower left leg associated with sitting, standing and bending relief with medication. The request is for 12 SESSIONS OF PHYSICAL THERAPY. The RFA is not provided. Patient's diagnosis included lumbar musculoligamentous injury and lumbar stenosis. The patient is to return to modified duty. MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended." Review of the medical records does not show previous lumbar physical therapy. Given the patient's low back pain, the requested physical therapy treatment may be reasonable; however, the request for 12 sessions exceeds what is recommended by MTUS. Therefore, the request IS NOT medically necessary.

12 Sessions of Acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The patient presents with moderate dull lumbar spine pain rated 9/10, achy low back pain radiating to buttocks lower left leg associated with sitting, standing and bending relief with medication. The request is for 12 SESSIONS OF ACUPUNCTURE. The RFA is not provided. Patient's diagnosis included lumbar musculoligamentous injury and lumbar stenosis. The patient is to return to modified duty. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, MTUS Guidelines require functional improvement as defined by Labor Code 9792.20(e), a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. In this case, per the UR letter dated 01/08/15, the patient has previously completed unknown number of acupuncture sessions. For additional treatment, MTUS Guidelines require functional improvement as defined by Labor Code 9792.20(e), a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. In review of the provided medical records, there is no documentation of any specific and significant functional improvement in ADLs or reduced dependence on medical treatments as required by MTUS. Therefore, the request IS NOT medically necessary.

Norco 5/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 90.

Decision rationale: The patient presents with moderate dull lumbar spine pain rated 9/10, achy low back pain radiating to buttocks lower left leg associated with sitting, standing and bending relief with medication. The request is for NORCO 5/325 mg. The RFA is not provided. Patient's diagnosis included lumbar musculoligamentous injury and lumbar stenosis. The patient is to return to modified duty. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." A prescription for Norco was first mentioned in the progress report dated 08/08/14 and the patient has been taking it since at least then. In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments that address analgesia. The 4A's are not specifically addressed including discussions regarding adverse reactions, aberrant drug behavior, ADL's, etc. There are no discussions in relation to the UDS's, opioid pain agreement, or CURES reports, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Urine Toxicology: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter for Urine Drug Testing.

Decision rationale: The patient presents with moderate dull lumbar spine pain rated 9/10, achy low back pain radiating to buttocks lower left leg associated with sitting, standing and bending relief with medication. The request is for URINE TOXICOLOGY. The RFA is not provided. Patient's diagnosis included lumbar musculoligamentous injury and lumbar stenosis. The patient is to return to modified duty. MTUS Chronic Pain Medical Treatment Guidelines, for Drug Testing, pg 43 recommends drug testing as an option, although does not specifically discuss the frequency that UDT should be performed. ODG is more specific on the topic and in the Pain chapter for Urine Drug Testing states: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only."

Per the UR letter dated 01/08/15, the last urine toxicology was administered sometime after 07/11/04. The retrospective request for the urine toxicology administered on 11/14/14 without rationale or discussion of unexpected results or any inconsistent results from the qualitative urine test is not in accordance with ODG guidelines. The treater has not documented that the patient is at high risk for adverse outcomes, or has active substance abuse disorder. There is no discussion regarding the patient being at risk for any aberrant behaviors. The request IS NOT medically necessary.