

Case Number:	CM15-0019244		
Date Assigned:	02/09/2015	Date of Injury:	01/23/1997
Decision Date:	04/03/2015	UR Denial Date:	01/03/2015
Priority:	Standard	Application Received:	02/02/2015

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 58-year-old male who reported an injury on 01/23/1997. The mechanism of injury was not provided. The documentation of 12/12/2014 revealed the injured worker had neck and low back pain. The injured worker had aching pain in the neck rated 8/10. The injured worker had pain in the bilateral shoulders rated 7/10 and pain in the low back and bilateral legs with associated numbness rated 7/10. Physical examination revealed tenderness in the occipital insertion of the paracervical musculature. There was mild tenderness bilaterally in the trapezii. The midline base of the cervical spine was tender. The injured worker had decreased range of motion of the cervical spine. Sensation, strength, and reflexes were diminished bilaterally in the shoulders. The injured worker had tenderness in the lumbar spine from the thoracolumbar spine down to the base of the pelvis. The paralumbar musculature was lightly tight bilaterally. The buttocks was tender. The injured worker was unable to fully squat due to pain. The injured worker had decreased strength and sensation in the lower extremities, as well as decreased knee and ankle reflexes. The injured worker had decreased range of motion of the lumbar spine. The injured worker's diagnoses included lumbar discopathy, cervical disc discopathy status post C6-7, and lumbar disc herniation. The treatment plan included a urine specimen, aquatic therapy for the cervical spine and lumbar spine, and Norco 10/325 mg #90 1 by mouth every 4 hours as needed for severe pain. The documentation indicated the Norco had been effective as it reduced the pain to the point where it allowed the injured worker to perform some activities of daily living. There was no Request for Authorization submitted for review for the requested treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 urine drug screen, provided on date of service: 12/12/2014:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Criteria for Use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend urine drug screens for injured workers who have documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to indicate the injured worker had documented issues of abuse, addiction, or poor pain control. Given the above, the retrospective request for 1 urine drug screen provided on date of service 12/12/2014 is not medically necessary.

8 aquatic therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Page(s): 22; 98, 99.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend aquatic therapy as a secondary form of physical medicine and it is especially recommended where there is necessity for reduced weight bearing. The maximum numbers of treatments are 10 for the treatment of myalgia, myositis, and radiculitis. There was a lack of documentation indicating a need for reduced weight bearing. The clinical documentation submitted for review failed to indicate the quantity of sessions previously attended. There was a lack of documentation of objective functional deficits. The request as submitted failed to indicate the body part to be treated with the aquatic therapy and there was a lack of documented rationale for the necessity for aquatic therapy versus land based therapy. Given the above, the request for 8 aquatic therapy sessions is not medically necessary.

1 prescription of Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98, 303, Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids; Opioids for chronic pain; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management Page(s): 60; 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker was being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and had an objective improvement in function. However, there was a lack of documentation of an objective decrease in pain and documentation the injured worker was being monitored for side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of Norco 10/325 mg #90 is not medically necessary.