

Case Number:	CM15-0132127		
Date Assigned:	07/14/2015	Date of Injury:	10/26/2009
Decision Date:	08/10/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/08/2015

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: Massachusetts

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 52 year old male who sustained an industrial injury on October 26, 2009. He has reported low back pain and has been diagnosed with status post posterior lumbar interbody fusion at L3-4. Treatment has included medications, physical therapy, chiropractic care, acupuncture, and surgery. There was plus one lumbar paraspinous muscle spasm. There was no tenderness to palpation of these muscles. Straight leg raise in the supine position was negative bilaterally. The treatment request included Norco and 18 postoperative physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription for Norco: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in October 2009. He underwent an L3-4 or lumbar fusion on 01/27/15. He was evaluated for physical therapy on 03/26/15 and case notes reference completion of 24 treatment sessions and that the claimant had reached maximum benefit from therapy. When seen, pain was rated at 5-6/10. He had decreased lumbar spine range of motion with tenderness and muscle spasms. A continued home exercise program was recommended. Norco was being prescribed and was refilled. Norco (hydrocodone / acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain through documentation of VAS pain scores, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

Eighteen (18) post-op physical therapy visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The claimant sustained a work injury in October 2009. He underwent an L3-4 or lumbar fusion on 01/27/15. He was evaluated for physical therapy on 03/26/15 and case notes reference completion of 24 treatment sessions and that the claimant had reached maximum benefit from therapy. When seen, pain was rated at 5-6/10. He had decreased lumbar spine range of motion with tenderness and muscle spasms. A continued home exercise program was recommended. Norco was being prescribed and was refilled. Guidelines address the role of therapy after a lumbar spine fusion with a post-surgical physical medicine treatment period of 6 months and up to 34 physical therapy visits over 16 weeks. In this case, the claimant had already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed / appropriate rather than during scheduled therapy visits. The number of additional visits requested was in excess of that recommended or what might be needed to revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request was not medically necessary.