

Case Number:	CM15-0133142		
Date Assigned:	07/21/2015	Date of Injury:	09/09/2010
Decision Date:	09/17/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/09/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 09/09/2010. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having cervical pain, cervical degenerative disc disease, cervical herniated nucleus pulposus, lumbar spondylolisthesis, thoracic and lumbar pain, sciatica, and lumbar spinal stenosis. Treatment and diagnostics to date has included MRI of cervical spine, which showed severe stenosis per progress note, prior lumbar laminectomy and fusion on 05/09/2014, physical therapy, and medications. In a progress note dated 04/27/2015, the injured worker presented with complaints of pain in his neck, shoulder, and parascapular region with numbness extending down to his left hand. Objective findings include diminished light touch sensation to right upper extremity and tenderness to palpation in the right paraspinal and trapezius muscles. The treating physician reported requesting authorization for Physical Therapy to the low back and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to low back x6: Upheld

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

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

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic pain. Therefore, the request is not medically necessary.

Norco 10/325 mg #120: 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
Page(s): 74-80.

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Percocet is not substantiated in the records. Therefore, the request is not medically necessary.