

Case Number:	CM15-0161795		
Date Assigned:	08/27/2015	Date of Injury:	02/24/2015
Decision Date:	09/30/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/17/2015

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 60 year old female who sustained a work related injury February 24, 2015. While assisting a doctor as a nurse with a patient delivering a baby, she was pushing against the patient's foot and she developed pain in the right shoulder, right wrist, and lower back. She underwent an MRI of the lumbar spine, x-rays, six visits of physical therapy, medication and provided a wrist immobilizer. Past history included hypothyroidism, bilateral foot surgery, four hernia repairs, and exploratory laparoscopy and surgery for a rectal prolapse. An MRI of the lumbar spine, dated April 2, 2015 (report present in the medical record) revealed diffuse degenerative changes involving the lumbar spine, most prominent L4-5 and L5-S1; mild to moderate central canal stenosis L4-5; moderate to severe right and mild to moderate left foraminal stenosis L5-S1. According to a physician's re-evaluation, dated July 6, 2015, the injured worker presented with low back pain and pain in the right wrist. Physical examination revealed; spinal examination revealed pain with extension and rotation; walks with a flexed lumbar spine; positive sciatic notch pain; weakness of the tibialis anterior 4 out of 5 with decreased cadence and stride length; weakness of the right wrist and decreased range of motion; mass of her hand (not specified). Impression is documented as disc degeneration lumbar spine, facet arthropathy, status post spondylolisthesis grade II; wrist mass. At issue, is the request for authorization for Norco, physical therapy for the lumbar and cervical spine, and bilateral lumbar epidural injections L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: 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 (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in February 2015 and is being treated for right shoulder and wrist pain and low back pain. An MRI of the lumbar spine in April 2015 showed Grade I spondylolisthesis at L4/5 with mild to moderate canal and mild right foraminal narrowing with mild to moderate facet degeneration. When requested, she was having pain over the cervical spine and right arm and some lumbar pain. Physical examination findings included positive right Spurling's testing and positive Tinel and Phalen tests. There was decreased upper extremity sensation and quadriceps and tibialis anterior weakness with decreased sensation. Bilateral two level transforaminal epidural steroid injections and physical therapy were requested. Norco was prescribed. In March 2015, continued physical therapy was recommended; six treatments were requested in February 2015. 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, an increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

Physical therapy for the lumbar and cervical spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work-related injury in February 2015 and is being treated for right shoulder and wrist pain and low back pain. An MRI of the lumbar spine in April 2015 showed Grade I spondylolisthesis at L4/5 with mild to moderate canal and mild right foraminal narrowing with mild to moderate facet degeneration. When requested, she was having pain over the cervical spine and right arm and some lumbar pain. Physical examination findings included positive right Spurling's testing and positive Tinel and Phalen tests. There was decreased upper extremity sensation and quadriceps and tibialis anterior weakness with decreased sensation. Bilateral two level transforaminal epidural steroid injections and physical therapy were requested. Norco was prescribed. In March 2015 continued physical therapy was recommended; six treatments were requested in February 2015. In terms of physical therapy for

lumbar spinal stenosis, guidelines recommend up to 10 treatment sessions over 8 weeks. The claimant had already had at least a partial course of 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. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to reestablish or revise a home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.

Bilateral lumbar ESI (epidural steroid injection) at L4-5 and L5-S1: Overturned

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 Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant sustained a work-related injury in February 2015 and is being treated for right shoulder and wrist pain and low back pain. An MRI of the lumbar spine in April 2015 showed Grade I spondylolisthesis at L4/5 with mild to moderate canal and mild right foraminal narrowing with mild to moderate facet degeneration. When requested, she was having pain over the cervical spine and right arm and some lumbar pain. Physical examination findings included positive right Spurling's testing and positive Tinel and Phalen tests. There was decreased upper extremity sensation and quadriceps and tibialis anterior weakness with decreased sensation. Bilateral two level transforaminal epidural steroid injections and physical therapy were requested. Norco was prescribed. In March 2015 continued physical therapy was recommended; six treatments were requested in February 2015. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased lower extremity strength and sensation with imaging reported as showing findings consistent with lumbar spinal stenosis. Treatment have included physical therapy and medications and surgery is being considered. The requested epidural steroid injection was medically necessary.