

Case Number:	CM15-0163493		
Date Assigned:	08/31/2015	Date of Injury:	02/14/2011
Decision Date:	10/08/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/20/2015

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 female, who sustained an industrial injury on 2-14-11. Initial complaints were not reviewed. The injured worker was diagnosed as having musculoligamentous sprain-strain cervical spine; HNP C4-5 with myeloradiculopathy; lumbar spine strain, instability. Treatment to date has included status post anterior cervical decompression fusion (ACDF) (3-21-13); physical therapy; ALDF L5-S1 surgery (2-17-15); medications. Diagnostics studies included MRI lumbar spine with myelography (11-13-13). Currently, the PR-2 notes dated 6-18-15 indicated the injured worker complains of her pain is about the same 4 out of 10 with medications and 6 out of 10 without. She is using naproxen for the pain and uses PPI to help the reflux from the medication. She is having low back pain, neck pain and it radiates to the shoulders. She reports her shoulders are hurting more. She had ALDF L5-S1 surgery on 2-17-15 and authorized for physical therapy and will be starting soon. She is not working at this time. Objective findings are documented as normal reflex, sensory and power testing to bilateral upper and lower extremities. Straight leg raise is negative with normal gait. She is able to heel-toe walk. There is no cervical tenderness but mild lumbar spine tenderness and spasms. Her cervical range of motion is decreased by about 10%. Lhermitte's and Spurling's sign is negative and Babinski's are downward bilaterally. Her incision line is well-healed. She is to return to this office on 7-16-15. The PR-2 note dated 7-16-15 indicated the provider was denied urine drug screens and therefore will not provider medications and she will now need to be referred to pain management. The provider is requesting authorization of Physical therapy 2 x per week for 4 weeks to the lumbar spine; Pain management evaluation for medication management;

Retrospective QW drug panel, full screen for DOS 7/16/15 and Retrospective Protonix Pantoprazole 20mg #60 for DOS 7/16/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 xs per week for 4 weeks to the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

Decision rationale: The patient was injured on 02/14/11 and presents with low back pain and neck pain which radiates to the shoulders. The request is for physical therapy 2 x per week for 4 weeks to the lumbar spine. The utilization review denial rationale indicates that the patient has already been authorized a total of 24 sessions of therapy and she "should complete the remaining 8 authorized sessions, followed by reevaluation, prior to determining the medical necessity for additional therapy". The RFA is dated 07/20/15 and the patient is on temporary total disability. The patient has had at least 9 sessions of physical therapy up till 08/03/15. The patient underwent a L5-S1 decompression and fusion on 02/17/15. The 06/18/15 report states that "she has been authorized for PT and is starting soon". MTUS Post-surgical Guidelines, Low Back Section, pages 25 to 26 allow for 34 visits over 16 weeks. The postsurgical treatment period is 6 months. The patient has mild lumbar spine tenderness/spasm and a decreased cervical spine range of motion. She is diagnosed with musculoligamentous sprain-strain cervical spine, HNP C4-5 with myeloradiculopathy, and lumbar spine strain (instability). The utilization review letter states that the patient "was previously authorized 12 postoperative physical therapy sessions on January 28, 2015. Additional 12 sessions of post-operative physical therapy was authorized on June 03, 2015". An additional 8 sessions to the 24 sessions appears reasonable, as MTUS allows for up to 34 visits for the 6 month post-surgical time frame. Therefore, the request is medically necessary.

Pain management evaluation for medication management: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2004, Chapter 7, Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ACOEM Practice Guidelines Second Edition (2004) chapter 7 independent medical examination and consultations page 127.

Decision rationale: The patient was injured on 02/14/11 and presents with low back pain and neck pain which radiates to the shoulders. The request is for Pain Management Evaluation For Medication Management. The utilization review rationale is that "the provider is currently

requesting pain management evaluation for medication management based on the fact that prior requests for UDS have been denied and the provider will no longer provides analgesic medication for this patient. A pain management referral for prescription of opioid medication is not supported at this time". The RFA is dated 07/20/15 and the patient is on temporary total disability. ACOEM Practice Guidelines Second Edition (2004) chapter 7 independent medical examination and consultations page 127 states, "The occupational health practitioner may refer to other specialists if the diagnosis is not certain or extremely complex, when psychosocial factors are present, and the plan or course of care may benefit from additional expertise". MTUS page 8 also requires that the treater provides monitoring of the patient's progress and makes appropriate recommendations. The patient has mild lumbar spine tenderness/spasm and a decreased cervical spine range of motion. She is diagnosed with musculoligamentous sprain-strain cervical spine, HNP C4-5 with myeloradiculopathy, and lumbar spine strain (instability). As of 06/18/15, the patient is taking Naproxen and Pantoprazole. Given that the patient continues to have pain in her lower back and neck, a pain management consultation appears reasonable. Therefore, the request is medically necessary.

Retrospective QW drug panel, full screen for DOS 7/16/15: 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) Pain (Chronic) chapter, under Urine Drug Testing.

Decision rationale: The patient was injured on 02/14/11 and presents with low back pain and neck pain which radiates to the shoulders. The retrospective request is for QW Drug Panel, Full Screen for DOS 7/16/15. The RFA is dated 07/20/15 and the patient is on temporary total disability. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines, Pain (Chronic), Urine Drug Testing has the following: Patients at 'moderate risk' for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at 'high risk' of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The patient has mild lumbar spine tenderness/spasm and a decreased cervical spine range of motion. She is diagnosed with musculoligamentous sprain-strain cervical spine, HNP C4-5 with myeloradiculopathy, and lumbar spine strain (instability). As of 06/18/15, the patient is taking Naproxen and Protonix. The 07/16/15 report states that the patient had a 'urinary drug screen which was administered at the previous visit'. However, the results of this UDS are not provided. In this case, 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 this patient being at risk for any aberrant behaviors. The requested drug panel is not medically necessary.

Retrospective Protonix Pantoprazole 20mg #60 for DOS 7/16/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The patient was injured on 02/14/11 and presents with low back pain and neck pain which radiates to the shoulders. The retrospective request is for Protonix Pantoprazole 20 mg #60 for DOS 7/16/15. The utilization review rationale is that "the submitted documentation did not provide evident that the patient had failed the use of Prilosec to warrant a prescription of a second line proton pump inhibitor". The RFA is dated 07/20/15 and the patient is on temporary total disability. The patient has been taking this medication as early as 05/21/15. MTUS guidelines, NSAIDs GI symptoms & cardiovascular risk section, page 68 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS continues to state, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI". The patient has mild lumbar spine tenderness/spasm and a decreased cervical spine range of motion. She is diagnosed with musculoligamentous sprain-strain cervical spine, HNP C4-5 with myeloradiculopathy, and lumbar spine strain (instability). The 06/18/15 report states that the patient "uses a PPI to help with reflux from the medication". As of 06/18/15, the patient is taking Naproxen. Given that the patient continues to have reflux from her medication and is taking an NSAID, the requested Protonix appears reasonable. Use of PPIs is indicated for GI issues, as this patient presents with. Therefore, the request is medically necessary.