MAXIMUS Federal Services

Case Number:	CM15-0165594		
Date Assigned:	09/03/2015	Date of Injury:	01/21/2000
Decision Date:	10/06/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/24/2015

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 57-year-old male who sustained an industrial injury on 1-21-00. The pain management consultation report, dated 3-9-15, indicates that the injured worker's injury was sustained after "multiple hours of heavy lifting". He had no complaints on the date of injury. However, he awoke the following morning, complaining of "sharp, stabbing pain to the low back". The report states that he presented to his primary care provider and was given prescriptions. A few weeks later, he underwent MRIs of the cervical, thoracic, and lumbar spine. His diagnoses included lumbar radiculopathy, status post lumbar fusion, and lumbar herniated nucleus pulposus. The treatment recommendations were the request for an EMG-NCS study of the bilateral lower extremities and medications, including Norco, Celebrex, Zanaflex, and Klonopin. On 4-1-15, he presented to the orthopedic provider with complaints of bilateral knee pain. He received injections in both knees on 4-13-15 for diagnoses of chondromalacia of patella and degenerative arthritis of the knee. The 4-20-15 PR-2 indicates that the injured worker continued to complain of "constant aching pain in his low back". He reported that it radiated to his bilateral lower extremities, extending to his knees, affecting his left side more than the right side. He had associated weakness. He rated the pain "4 out of 10". Prior treatment history included prosthetic disc placement to L4-5 in 2003, lumbar fusion L4-L5, L5-S1 in 2011, MRI of lumbar spine on 2-16-15, EMG-NCV in 2009, discogram in 2003, chiropractic therapy, physical therapy, application of heat and ice, a TENS unit at therapy, and trigger point injections. The report indicates a denial for acupuncture. A request for authorization for a left sacroiliac joint injection was made, as well as doing an "opiate rotation with discontinuation of Norco and

replacing it with Percocet". On 5-18-15, his subjective complaints were, essentially, unchanged. However, his pain rating had decreased to "3 out of 10". He complained of difficulty sleeping due to pain. In addition to previous treatments, aqua therapy was requested. The 6-23-15 PR-2 states that the aqua therapy for the lumbar spine has "significantly reduced his pain and increased function in the past". The 7-21-15 PR-2 was unchanged, requesting authorization for Percocet, Zanaflex, and aqua therapy, as well as surgical consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic injury without acute flare, new injury, or progressive neurological deterioration. The Percocet 5/325mg #120 is not medically necessary and appropriate.

Aqua therapy 2x4, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Aquatic Therapy does not seem appropriate, as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities and should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The Aqua therapy 2x4, lumbar spine is not medically necessary and appropriate.