MAXIMUS Federal Services

Case Number:	CM15-0189848		
Date Assigned:	10/02/2015	Date of Injury:	06/17/2012
Decision Date:	11/13/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/28/2015

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 male, who sustained an industrial injury on June 17, 2012. He reported right knee pain. The injured worker was currently diagnosed as having osteoarthrosis not otherwise specified of shoulder, internal derangement of right knee not otherwise specified, joint derangement not elsewhere classified of right shoulder, shoulder region disorders not elsewhere classified, localized primary osteoarthrosis of lower leg and encounter for therapeutic drug monitoring. Treatment to date has included exercise, right knee surgery, post-operative physical therapy, chiropractic treatment, right knee injections, medication and acupuncture. Notes dating back to January 6, 2014, recommended Norco medication for treatment. On August 25, 2015, the injured worker complained of lower back pain into the right thigh and right gluteal area. The pain was noted to be slowly improving. Physical examination of the lumbar spine revealed right sided tenderness of ischiogluteal muscles. No limitation in lumbar spine range of motion was noted. The treatment plan included physical therapy for the lumbar spine, SI joint injection to L4-L5 and L5-S1, exercise and Norco medication. On September 8, 2015, utilization review denied a request for six physical therapy sessions for the lumbar spine, SI injection at right L4-L5 and L5-S1 and Norco 10-325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 physical therapy sessions for the lumbar spine: 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): Physical Medicine.

Decision rationale: Based on the 8/25/15 progress report provided by the treating physician, this patient presents with low back pain radiating into the right thigh/gluteal area. The treater has asked for 6 PHYSICAL THERAPY SESSIONS FOR THE LUMBAR SPINE on 8/25/15. The request for authorization was not included in provided reports. The patient's pain is slowly improving, and the patient is doing stretching at home per 8/25/15 report. The patient's pain is an essential tremor and not Parkinsonism per 7/21/15 report. The patient is s/p total knee replacement from 8/6/14 per 6/30/15 report. The patient's work status is off work for the past couple of years per 6/30/15 report, and is temporarily totally disabled per 6/9/15 report. MTUS Guidelines, Physical Medicine section, pages 98 and 99 states: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." The patient had a total knee replacement of the right knee on 8/6/14 with subsequent postoperative physical therapy of unspecified sessions and unspecified benefit. As of 12/23/14, the patient was progressing with postoperative physical therapy for the knee. The patient has not had physical therapy since 12/23/14 report. MTUS allows for 8-10 sessions in non-operative cases, and the treater's request for 6 sessions of physical therapy for the lumbar appears reasonable for patient's ongoing back pain. The request IS medically necessary.

SI injection at right L4-L5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Sacroiliac blocks.

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 Chapter under SI joint injections.

Decision rationale: Based on the 8/25/15 progress report provided by the treating physician, this patient presents with low back pain radiating into the right thigh/gluteal area. The treater has asked for SI INJECTION AT RIGHT L4-L5 AND L5-S1 on 8/25/15. The request for authorization was not included in provided reports. The patient's pain is slowly improving, and the patient is doing stretching at home per 8/25/15 report. The patient's pain is an essential tremor and not Parkinsonism per 7/21/15 report. The patient is s/p right knee surgery, unspecified, from 8/6/14 per 6/30/15 report. The patient's work status is off work for the past couple of years per 6/30/15 report, and is temporarily totally disabled per 6/9/15 report. ODG-

TWC, Low Back Chapter under SI joint injections Section states, "Not recommend therapeutic sacroiliac intra-articular or periarticular injections for non-inflammatory sacroiliac pathology (based on insufficient evidence for support). Recommend on a case-by-case basis injections for inflammatory spondyloarthropathy (sacroiliitis). This is a condition that is generally considered rheumatologic in origin (classified as ankylosing spondylitis, psoriatic arthritis, reactive arthritis, arthritis associated with inflammatory bowel disease, and undifferentiated spondyloarthropathy). Instead of injections for non-inflammatory sacroiliac pathology, conservative treatment is recommended." Review of the reports do not show any evidence of prior sacroiliac joint injections. The treater does not discuss this request in the reports provided. The patient continues with pain in the low back, and a physical exam on 8/25/15 showed no limitation in range of motion is noted. Ischiogluteal muscles right sided tenderness. In this case, the patient does have back pain and exam findings of tenderness in the right-sided isciogluteal muscles. However, review of reports do not show evidence of inflammatory SI joint problems as documented by radiology, X-rays, bone scan or MRI/CT scans. ODG guidelines do not recommend SI Joint Injections for non-inflammatory sacroiliac pathology. This request does not meet guidelines indication for an SI Joint Injection. Therefore, the request IS NOT medically necessary.

Norco 10/325mg #30: Upheld

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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 8/25/15 progress report provided by the treating physician, this patient presents with low back pain radiating into the right thigh/gluteal area. The treater has asked for NORCO 10/325MG #30 on 8/25/15. The request for authorization was not included in provided reports. The patient's pain is slowly improving, and the patient is doing stretching at home per 8/25/15 report. The patient's pain is an essential tremor and not Parkinsonism per 7/21/15 report. The patient is s/p right knee surgery, unspecified, from 8/6/14 per 6/30/15 report. The patient's work status is off work for the past couple of years per 6/30/15 report, and is temporarily totally disabled per 6/9/15 report. MTUS Guidelines, Medications for Chronic Pain section, pg. 60, 61 states: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" The treater does not discuss this request in the reports provided. Utilization review letter dated 9/8/15 denies request due to lack of documentation of functional benefits, and due to previous denial of opioids. Review of the reports do not show any evidence of prior use of Norco or other opiates. Per 7/14/15 report, the patient is only taking Harvoni and Propanolol. Per requesting 8/25/15 report, the treater recommends that Norco to be taken one every 6-8 hours as needed for pain. Regarding medications for chronic pain, MTUS pg. 60

states treater must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. The request for the imitation of Norco #30 appears reasonable for patient's chronic pain condition. Therefore, the request IS NOT medically necessary.