

Case Number:	CM15-0204934		
Date Assigned:	10/21/2015	Date of Injury:	12/10/2012
Decision Date:	12/04/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/19/2015

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 33-year-old male, with a reported date of injury of 12-10-2012. The diagnoses include status post head trauma with muscle tension headaches, cervical sprain and strain with left upper extremity radicular symptoms, thoracic spine sprain and strain, lumbar spine sprain and strain with left lower extremity radicular symptoms, bilateral shoulder pain, bilateral wrist pain, bilateral sacroiliac joint pain, bilateral knee pain, bilateral foot and ankle pain, pelvic pain, anxiety disorder, hyperhidrosis of the bilateral hands, and insomnia due to pain. The progress report dated 09-08-2015 indicates that the injured worker attended week #1 of the functional restoration program. The injured worker stated that he did not want to continue with the program. The injured worker complained of neck and upper back pain, which had increased since his last visit. He also continued to have low back pain, pain over the knees, ankles, pelvic area, insomnia, and anxiety. The injured worker rated his pain 6 out of 10 with the use of medication, and 8 out of 10 without medication. On 07-22-2015, the injured worker rated his pain 6 out of 10 with the use of medication, and 9 out of 10 without medication. It was noted that intermittently, the injured worker used Norco for severe pain. The physical examination showed use of a cane for assistance; tenderness over the posterior occipital region, left greater than right; bilateral cervical paraspinous tenderness, left greater than right; tenderness extending primarily into the left rhomboid trapezius and levator scapula muscles; normal muscle strength in both upper extremities; intact sensory examination; tenderness to palpation over the mid thoracic region extending laterally over the chest wall primarily in the mid thoracic region, left greater than right; bilateral lumbar paraspinous tenderness, right greater than left; tenderness to palpation over both sacroiliac joints; palpable muscle spasm of the lumbar spine; lumbar flexion at 40 degrees; lumbar extension at 10 degrees; lumbar left lateral flexion at 10 degrees; lumbar right

lateral flexion at 10 degrees; positive bilateral straight leg raise test; tenderness over the right patella; and some joint line tenderness both medial and lateral. The injured worker's work status was not indicated. The diagnostic studies to date have included a urine drug screen on 06-22-2015 with negative findings; an MRI of the brain on 06-08-2015 with a normal appearance; electrodiagnostic studies of the bilateral upper and lower extremities on 04-14-2014; and electrodiagnostic studies of the lower extremities on 02-18-2014. The request for authorization was dated 09-15-2015. Treatments and evaluation to date have included chiropractic treatment, acupuncture, functional restoration program, Gabapentin, Norco (since at least 12-2014), and Ambien. The treating physician requested somatosensory evoked potential (SSEP), Norco 5-325mg #30 as needed for moderate-to-severe pain, and four (4) physical therapy sessions for the lumbar spine with myofascial release since the injured worker stated that he was in a significant flare. On 09-22-2015, Utilization Review (UR) non-certified the request for somatosensory evoked potential (SSEP), Norco 5-325mg #30, and four (4) physical therapy sessions for the lumbar spine with myofascial release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Somatosensory evoked potential (SSEP): 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), Neck, evoked potential studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Electrodiagnostic studies, EEG/SSEP, pages 200-201.

Decision rationale: SSEP is not a widely recognized or accepted study due to its unreliability and technical difficulties related to patient's participation and operators' skills. Per Official Disability Guidelines for Neck and Shoulder treatments, SSEP is only recommended as a diagnostic option for unexplained myelopathy in unconscious spinal cord injury patients not identified here. It is not recommended for radiculopathies and peripheral nerve lesions where standard nerve conduction velocity studies are diagnostic. Evoked potentials are the electrical signals generated by the nervous system in response to sensory stimuli. Somatosensory evoked potentials (SSEPs) are used for clinical diagnosis in patients with neurologic disease for prognostication in comatose patients. Fewer diagnostic SSEP studies are being performed now than in the pre-MRI era. Submitted reports have not demonstrated clear indication or clinical findings to support for the specialized diagnostic study without specific neurological deficits with intact motor, DTRs, and sensation. The Somatosensory evoked potential (SSEP) is not medically necessary and appropriate.

Norco 5/325 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids, criteria for use.

Decision rationale: 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. It cites 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 specific improvement in daily activities or decreased in medical utilization. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing of opioid and use of overall medication profile with persistent severe pain for this chronic 2012 injury without specific acute flare as the patient has ongoing chronic symptoms nor is there any new injury, or progressive neurological deterioration. The Norco 5/325 mg #30 is not medically necessary and appropriate.

Physical therapy lumbar with myofascial release times 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: 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. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic 2012 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy without identified neurological deficits when prior treatment rendered has not resulted in any functional benefit. The patient noted acute flare-up; however, review of reports indicate ongoing treatment for chronic unchanged symptoms. The Physical therapy lumbar with myofascial release times 4 is not medically necessary and appropriate.