

Case Number:	CM15-0213130		
Date Assigned:	11/02/2015	Date of Injury:	02/24/2015
Decision Date:	12/21/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/29/2015

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, Hawaii
 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 41 year old male, who sustained an industrial injury on 2-24-15. He reported pain in the back. The injured worker was diagnosed as having thoracic or lumbar neuritis and lumbago. Treatment to date has included extracorporeal shockwave therapy, an unknown number of physical therapy sessions, and medication including Naproxen. On 10-7-15 the treating physician noted physical exam findings of "L5-S1 anterolisthesis with radiation to bilateral legs along the L5-S1 dermatome with sensory changes." Lumbar range of motion was decreased in all directions 15-20 degrees with pain. Sensation was decreased along bilateral L5 dermatomes. Gait was noted to be slow with tenderness and triggers in the lumbar area. On 10-7-15, the injured worker complained of low back pain. On 10-12-15 the treating physician requested authorization for a lumbar discogram L4-S1, physical therapy 3x4 for the low back, and Ultracet 37.5-325mg #60. On 10-16-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar discogram L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

Decision rationale: The patient presents with neck pain that radiates to his lower back and down both legs. The current request is for Lumbar Discogram L4-S1. The treating physician's report dated 10/07/2015 (19B) states, Lumbar: Motion still limited all directions 13-25 degrees with pain. +SLR at 35 degrees radicular bilateral S1 dermatomes, sensory decrease along bilateral L5 dermatomes, gait slow with cane, tender and triggers lumbar .Discogram L4-S1 prior to surgery. The ACOEM Guidelines page 304 on lumbar discogram states, Recent studies on discography do not support its use as a preoperative indication for either intradiscal electrothermal (IDET), annuloplasty, or fusion Discography may be used where fusion is a realistic consideration and it may provide supplemental information prior to surgery. For fusion surgery, ACOEM Guidelines page 307 do not support fusion surgeries unless there is dislocation, instability, and spondylolisthesis. The MRI of the lumbar spine dated 06/04/2015 (79B) showed: 1. L5-S1: 3- 4mm broad-based posterior disc protrusion resulting in bilateral neural foraminal narrowing. Bilateral exiting nerve root compromise is seen. The review of records do not show any recent or prior lumbar discograms. Discograms are not indicated as a preoperative indication for fusion, IDET or annuloplasty. The patient does not present with a realistic consideration for fusion surgery and a discogram is not indicated. The current request is not medically necessary.

Physical therapy 3 x 4 low back: 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: The patient presents with neck pain that radiates to his lower back and down both legs. The current request is for Physical Therapy 3x4 low back. The treating physician's report dated 10/07/2015 (19B) does not provide a rationale for this request. Physical therapy reports from 03/30/2015 (116B) to 04/16/2015 (101B) show 5 visits. The patient is not post-surgical. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. In this case, the patient has received 5 physical therapy visits to-date and the requested 12 additional sessions would exceed guidelines. The patient should now be able to transition into a self-directed home exercise program to improve strength and flexibility. The current request is not medically necessary.

Ultracet 37.5/325mg #60: Overturned

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

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

Decision rationale: The patient presents with neck pain that radiates to his lower back and down both legs. The current request is for Ultracet 37.5/325mg #60. The treating physician's report dated 10/07/2015 (19B) states, Patient states that he has pain that never goes away and the pain radiates from his neck to his lower back and now down to both legs. States that when he takes his Naproxen he has trouble with his stomach. When he eats after taking meds his stomach burns and he vomits. States that he doesn't know why, but he is very fatigued, all he wants to do is lay in bed. Medical records do not show a history of Ultracet use. The patient is currently taking Naproxen. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria has been met, a new course of opioids may be tried at this time. In this case, given that the patient has tried Naproxen with significant side effects, a trial of Ultracet is appropriate to determine its efficacy in terms of pain relief and functional improvement. The current request is medically necessary.