

Case Number:	CM15-0214249		
Date Assigned:	11/04/2015	Date of Injury:	04/12/2008
Decision Date:	12/16/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/30/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 47-year-old male who sustained an industrial injury on 4/12/08. Injury occurred while working as a peace officer and rescuing three people caught in the rip tides. Past surgical history was positive for an L5/S1 lumbar laminotomy and discectomy on 7/2/07. Past medical history was positive for cardiac arrhythmias, hypertension, acid peptic disease with dyspepsia and mild gastritis, gastroesophageal reflux disease, irritable bowel syndrome, testosterone and thyroid hormone problems, and posttraumatic stress disorder. He underwent artificial disc replacement at L5/S1 on 10/21/14. Records documented that he had attended 19 visits of physical therapy as of 4/13/15, no additional therapy was noted in the medical records. The 9/3/15 treating physician documented no recent lab work for his thyroid condition. The 10/1/15 treating physician report cited low back pain ranging from 2 to 5/10, worse with prolonged sitting, twisting, lifting, and upright bicycle. He had been off opioid medications for over one month. He had some returning testosterone function and has seen the endocrinologist who had recommended withhold exogenous testosterone. Acupuncture had been helpful in reducing pain, getting him off opiates, and improving his ability to progress in conditioning. Sitting tolerance was 30 minutes, standing 20 minutes, walking one hour, and lifting 15 pounds. He was able to handle laundry and clean the whole house. Physical therapy helped as well. Current medications included Levothyroxine sodium 37.5 mcg daily. Physical exam documented normal gait, 5/5 lower extremity strength, negative straight leg raise, and functional range of motion. The treating physician reported that the injured worker had been able to get the injured worker off opiates, and he had procured a bicycle and was doing what he could with stretches

and exercises. This was a critical time for physical therapy to load his core muscles and develop conditioning and balance. Authorization was requested for Levothyroxine sodium 75 mcg #180, and 6 post-operative physical therapy treatments to the lumbar spine. The 10/8/15 utilization review non-certified the request for Levothyroxine sodium 75 mcg, #180 as there was no documentation of recent laboratory studies to support the medical necessity for this hormone replacement medication. The request for six sessions of postoperative physical therapy to the lumbar spine was non-certified as there was no evidence of the amount of prior therapy, documentation of objective functional improvement through prior therapy, and a rationale why a home exercise program would be insufficient. The 10/21/15 treating physician report indicated that the injured worker was unable to complete his post-operative physical therapy due to concurrent medical problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

Levothyroxine Sodium 75mcg #180: 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 Khandelwal D, Tandon N. Overt and subclinical hypothyroidism: who to treat and how. *Drugs*. 2012 Jan 1; 72 (1): 17-33.

Decision rationale: The California MTUS and Official Disability Guidelines do not provide recommendations for Levothyroxine use. Peer-reviewed literature supports the use of Levothyroxine monotherapy as the current standard management of primary and central hypothyroidism. In patients with central hypothyroidism, treatment is tailored according to free or total T4 levels, which should be maintained in the upper half of the normal range for age. In patients with persistently elevated TSH despite an apparently adequate replacement dose of LT4, poor compliance, malabsorption and the presence of drug interactions should be checked. Over- replacement is common in clinical practice and is associated with increased risk of atrial fibrillation and osteoporosis, and hence should be avoided. Peer-reviewed criteria have not been met for this prescription of Levothyroxine. This injured worker has been diagnosed with hypothyroidism with records documenting the current dose of Levothyroxine as 37.5 mcg per day. The treating physician documented that current lab work has not been completed to assess the TSH level. There is no compelling rationale to support an increase in medication dose without confirmatory lab testing. Additionally, this prescription quantity would equate to 6 months to a year's worth of medication at the current dose. The medical necessity of this amount of medication is not established with noted risk in this injured worker for cardiac arrhythmias. Therefore, this request is not medically necessary at this time.

6 postoperative physical therapy treatments to the lumbar spine: Overturned

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

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

Decision rationale: The California Post-Surgical Treatment Guidelines for surgical treatment of lumbar artificial disc replacement suggest a general course of 18 post-operative physical medicine visits over 4 months, during the 6-month post-surgical treatment period. California MTUS Post-Surgical Treatment Guidelines do not apply to this case as the 6-month post-surgical treatment period had expired. MTUS Chronic Pain Medical Treatment Guidelines would apply. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. In general, the MTUS guidelines would support 9 to 10 visits. Guideline criteria have been met. This injured worker underwent a lumbar artificial disc replacement on 10/21/14. There were significant functional limitations noted in sitting, standing, walking, and lifting tolerances. He had been unable to complete his post-operative rehabilitation due to other medical problems. He has been successfully weaned off all opiate medications, his medical conditions were stable, and he was ready to focus on core stabilization and strengthening. It is reasonable to allow 6 visits of physical therapy for instruction in core stabilization and strengthening, monitoring, and transition to a fully matured home exercise program. Therefore, this request is medically necessary.