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| <b>Case Number:</b>   | CM15-0038424 |                              |            |
| <b>Date Assigned:</b> | 03/09/2015   | <b>Date of Injury:</b>       | 08/18/2012 |
| <b>Decision Date:</b> | 04/17/2015   | <b>UR Denial Date:</b>       | 02/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/02/2015 |

### 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 57-year-old female injured worker suffered an industrial injury on 8/18/2012. The diagnoses were headache, cervical disc protrusion, thoracic back sprain, lumbar disc protrusion, and lumbar radiculopathy. The diagnostic studies were lumbar magnetic resonance imaging and lumbar x-rays. The treatments were medications, acupuncture, chiropractic therapy, nerve blocks, epidural steroid injections, and physical therapy. The treating provider reported headaches, constant neck pain radiating to the upper extremities with numbness and tingling, constant mid back pain, and constant low back pain radiating to the left lower extremity with numbness and tingling. On exam there was decreased range of motion to the cervical spine and lumbar spine with muscle spasms and impaired gait.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Prescription of Norco 7.5/325mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** This patient has a date of injury of 8/18/12 and is status post lumbar spine surgery performed on 09/26/14. The patient currently complains of constant headaches, neck and bilateral upper extremity pain, mid back pain, low back pain radiating to the lower extremity with numbness and tingling. The current request is for 1 PRESCRIPTION OF NORCO 7.5/325MG #30. The Request for Authorization is dated 01/29/15 and requests follow-up, Norco, orthopedic spine evaluation, UDS and post-operative physical therapy twice a week for six weeks. For chronic opiate use, the MTUS guidelines pages 88 and 89 states. Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument. The MTUS page 78 also requires documentation of the 4, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain; intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The patient has been utilizing Norco since at least 08/12/14. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. This patient has had an inconsistent UDS on 9/17/14 and the treating physician noted that it would be addressed. Subsequent progress reports provide no such discussion. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.

### **1 MRI of the Lumbar Spine: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines low back chapter, MRI.

**Decision rationale:** This patient has a date of injury of 8/18/12 and is status post lumbar spine surgery performed on 09/26/14. The patient currently complains of constant headaches, neck and bilateral upper extremity pain, mid back pain, low back pain radiating to the lower extremity with numbness and tingling. The Request for Authorization is dated 01/29/15 and requests follow-up, Norco, orthopedic spine evaluation, UDS and post-operative physical therapy twice a week for six weeks. The current request is for 1 MRI OF THE LUMBAR SPINE. For the MRI of the lumbar spine, ACOEM Guidelines page 303 states unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. For this patient's now chronic condition with radicular symptoms and weakness, ODG guidelines provide a good discussion. ODG under its low back chapter recommends obtaining an MRI for

uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. There is no indication that the patient has had an MRI following his lumbar laminectomy on 09/26/14. Given the patient's complaints of continued radicular pain with numbness and tingling, post-operative MRI for evaluation IS medically necessary.

**Physical Therapy visits:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar and Thoracic (Acute and Chronic), Post-operative physical therapy.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

**Decision rationale:** This patient has a date of injury of 8/18/12 and is status post lumbar spine surgery performed on 09/26/14. The patient currently complains of constant headaches, neck and bilateral upper extremity pain, mid back pain, low back pain radiating to the lower extremity with numbness and tingling. The Request for Authorization is dated 01/29/15 and requests follow-up, Norco, orthopedic spine evaluation, UDS and post-operative physical therapy twice a week for six weeks. The current request is for PHYSICAL THERAPY VISITS. The MTUS post surgical guidelines pages 25, 26 recommends for Intervetebral disc disorders without myelopathy, Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks Postsurgical physical medicine treatment period: 6 months. There are no physical therapy reports provided for review. The exact number of completed physical therapy visits to date and the objective response to therapy were not documented in the medical reports. Progress report dated 10/7/14 recommends that the patient continue home exercises. On 11/4/14, treatment plan included 2x3 post operatively physical therapy. On 01/29/15, the physician recommended 2x6 physical therapy. It appears that the patient has had 6 post operative sessions so far. The Utilization review modified the certification to 8 sessions stating that guidelines recommend an initial course of treatment of 8 visits. In this case, the requested 12 sessions is in accordance with MTUS post surgical guidelines. This request IS medically necessary.

**1 Orthopedic Spine Evaluation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

**Decision rationale:** This patient has a date of injury of 8/18/12 and is status post lumbar spine surgery performed on 09/26/14. The patient current complains of constant headaches, neck and bilateral upper extremity pain, mid back pain, low back pain radiating to the lower extremity with numbness and tingling. The Request for Authorization is dated 01/29/15 and requests

follow-up, Norco, orthopedic spine evaluation, UDS and post-operative physical therapy twice a week for six weeks. The current request is for 1 ORTHOPEDIC SPINE EVALUATION. The American College of Occupational and Environmental Medicine, ACOEM, Second Edition 2004 Chapter 7, page 127 states that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, and/or the examinee's fitness for return to work. This patient presents with persistent low back pain that radiates into the lower extremities with numbness and tingling following his low back surgery. An orthopedic evaluation for further investigation is support by ACOEM. This request IS medically necessary.