

<b>Case Number:</b>	CM15-0055610		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	03/30/1992
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: Pennsylvania, Ohio, 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 47 year old, male who sustained a work related injury on 3/30/92. The diagnoses have included lumbar disc degeneration, lumbago, lumbosacral neuritis and spinal enthesopathy. The treatments have included oral medications, Toradol injections, epidural steroid injections, rest, lumbar spine surgery, home exercises and physical therapy. In the PR-2 dated 1/16/15, the injured worker complains of low back pain and pain in his neck. He states that his neck "gets stuck" when he turns it. He complains of burning upper back pain. He states he is having burning pain and numbness in his legs. He has decreased range of motion in neck. He has positive trigger points in bilateral trapezius muscles. He has decreased range of motion in lumbar spine. He has positive straight leg raise in right leg. He has radicular symptoms in right gluteus and right hip. The treatment plan includes a request for physical therapy and a prescription for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of Norco 10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management, Opioids for Chronic Pain Page(s): 78, 80.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.

**Post-op Physical therapy x12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program; the request is for 12 "post-op" therapy sessions after an epidural steroid injection, which is substantially in excess of the number of therapy sessions reasonably expected in a chronic setting after such a procedure. The records do not provide a rationale at this time for such extensive additional supervised rather than independent rehabilitation. This request is not medically necessary.