MAXIMUS Federal Services

Case Number:	CM15-0056538		
Date Assigned:	04/01/2015	Date of Injury:	06/19/2008
Decision Date:	05/07/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/25/2015

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 53 year old male injured worker suffered an industrial injury on 06/19/2008. The diagnoses included chronic strain/sprain of the lumbar spine with radiculopathy, lumbar herniated disc disease with degeneration and post-traumatic stress disorder. The diagnostics included electromyographic studies/nerve conduction velocity studies, lumbar magnetic resonance imaging and lumbar x-rays. The injured worker had been treated with lumbar laminectomy with discectomy, medications, and physical therapy. On 2/9/2015 the treating provider reported he still has pain in the lower back 4/10 with spasm and increases with activity. The pain in the lower extremity is associated with numbness and weakness. He feels his left foot and ankle were weak and is tripping over the left foot at times. There was tenderness to the lumbar spine and limited range of motion. The treatment plan included Physical therapy and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x/week for 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine guidelines.

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

Decision rationale: The patient presents with a variety of pains including pain in the right shoulder, right arm, the fingers of both hands, and the posterior cervical area, particularly on the right side. There were also complaints of low back pain as well as left hip pain and left knee pain. Additionally, there complaints of bilateral foot and toe pain, particularly the second toes bilaterally. The current request is for chiropractic treatment, 1 time weekly for 8 weeks. Per the UR dated 2/25/15 (5B) the patient was certified with 12 physical therapy visits to date and 8 sessions of aqua therapy on 06/03/14. The treating physician recommends on 2/16/15 (13B) "a gentle course of physical therapy including aqua therapy and gentle chiropractic therapy to facilitate further healing." MTUS Guidelines support initial chiropractic treatment, a trial of 6 visits over a two week period of time, and with functional improvement up to 18 visits. The current request exceeds what MTUS allows for a trial of chiropractic therapy. The current request is not medically necessary and the recommendation is for denial.

Percocet 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines "4 As".

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-99.

Decision rationale: The injured worker (IW) presents with chronic strain/sprain of the lumbar spine with radiculopathy, lumber herniated disc disease with degeneration and posttraumatic stress disorder. The IW currently complains of pain in the lower back with spasm and increases with activity, pain in the lower extremity, he feels his left foot and ankle were weak and is tripping over the left foot at times. The current request is for Percocet 5/325mg #30. The treating physician states on 2/9/15 (169B), "The patient's oral medications will be renewed as needed. He is to use these medications sparingly especially the opioids." The IW is currently not working. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "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. In this case, there is no discussion regarding analgesia, ADLs, adverse side effects or aberrant behaviors. Additionally, there is no documentation of a 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. MTUS guidelines require much more thorough documentation for ongoing opioid usage. The current request is not medically necessary and the patient should be slowly weaned per MTUS guidelines. Recommendation is for denial.