

Case Number:	CM15-0082527		
Date Assigned:	05/04/2015	Date of Injury:	02/20/2009
Decision Date:	06/25/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/29/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 71 year old female, who sustained an industrial injury on 02/20/2009. On provider visit dated 03/18/2015 the injured worker has reported low back pain that radiated to the bilateral lower extremities, bilateral shoulder pain that radiated to with numbness and tingling, bilateral knee and ankle pain. On examination of the cervical spine, Lhermitte's sign bilaterally was negative, sensory deficit was noted over the C6 dermatome, motor strength revealed weakness in the left deltoid, biceps, and triceps muscle groups at 4/5. The diagnoses have included laboratory studies and medication. Treatment to date has included medication chronic pain. The provider requested Open MRI of the cervical spine to rule out herniated nucleus pulposus, physical therapy for the cervical spine and bilateral upper extremities twice (2) a week for six (6) weeks, medications Senokot-S and Norco for symptom management. A urine drug screen performed on February 4, 2015 is consistent. A progress report dated March 18, 2015 states that the patient continues to complain of shoulder pain with radiation and associated numbness and tingling sensation. The patient's bowel movements are normal with medication. Her current medication provides a 75 to 80% relief from pain with increase in performance of activities of daily living. A progress report dated February 4, 2015 indicates that the patient has constipation. A progress report dated October 1, 2014 states that a one-year gym membership was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open MRI of the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, MRI.

Decision rationale: Regarding the request for cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. Within the documentation available for review, it appears the patient has neurologic deficits, which have not responded to conservative treatment including a gym-based exercise program and medication. As such, the requested cervical MRI is medically necessary.

Physical therapy for the cervical spine and bilateral upper extremities twice (2) a week for six (6) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009), Page 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it appears the patient has undergone prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program (or gym program), yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.

Senokot-S 50/8.6mg one po bid prn #60: Overturned

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 ODG Pain Chapter, Opioid Induced Constipation Treatment.

Decision rationale: Regarding the request for Senna, California MTUS does not contain criteria regarding constipation treatment. ODG states that opioid induced constipation is recommended to be treated by physical activity, maintaining appropriate hydration, and following a diet rich in fiber. Over-the-counter medication such as stool softeners may be used as well. Second line treatments include prescription medications. Within the documentation available for review, there are subjective complaints of constipation. Additionally, there is documentation indicating that the patient has responded to treatment with Senna. As such, the currently requested Senna is medically necessary.

Norco 10/325mg one po q6h prn for pain, #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco 10/325mg one po q6h prn for pain, #120, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no side effects or aberrant use, and the patient is noted to undergo regular monitoring. In light of the above, the currently requested Norco 10/325mg one po q6h prn for pain, #120 is medically necessary.