

Case Number:	CM14-0136228		
Date Assigned:	09/03/2014	Date of Injury:	10/31/1998
Decision Date:	10/10/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/22/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 44 year old male injured on 10/31/98. Neither the specific injuries sustained nor the initial treatments rendered were discussed in the documentation provided. Prior utilization review does mention previous physical therapy and provide diagnoses to include spinal stenosis lumbar region without neurogenic claudication, lumbago, and thoracic/lumbosacral neuritis/radiculitis unspecified. The clinical note dated 07/21/14 indicated the injured worker presented reporting significant flare of pain during the previous month with low back and left leg pain into the foot. The injured worker reported the pain had stabilized. Physical examination revealed increased lordosis with no change in neurologic status from the past. The documentation indicated previous x-rays show severe lumbar degenerative joint disease with stenosis. The documentation indicated the injured worker had not had pain medications in greater than 10 years; however, due to recent radicular flare an emergency prescription of Norco tablets #30 without refill was provided. A recommendation for physical therapy for core stabilization and strengthening was provided. Medications included Lidocaine patch. The initial request was non-certified on 07/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x10 for core stabilization: Upheld

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

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

Decision rationale: As noted on page 98 of the Chronic Pain Medical Treatment Guidelines, current guidelines recommend 10 visits over 8 weeks for the treatment of lumbar strain/sprain and allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. Prior utilization review indication the injured worker had received physical therapy; however, the dates, number of sessions, and any functional benefit obtained was not provided. There is no documentation of exceptional factors that would support the need for therapy that exceeds guidelines either in duration of treatment or number of visits. The medical necessity of Physical Therapy x10 for core stabilization cannot be established at this time.

Norco 10/325 mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: The documentation indicated the medication was prescribed due to an acute flare of pain. It was noted the injured worker had not utilized narcotic medications for greater than 10 years and was to be for temporary purposes. As such, Norco 10/325 mg #30 is recommended as medically necessary at this time.