

Case Number:	CM14-0142514		
Date Assigned:	09/10/2014	Date of Injury:	02/16/2012
Decision Date:	10/14/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/03/2014

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 Occupational Medicine and is licensed to practice in California. 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 represented [REDACTED] employee who has a filed a claim for chronic low back pain reportedly associated with an industrial injury of February 16, 2012. Thus far, the injured worker has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar spine surgery; opioid therapy; a TENS unit; and unspecified amounts of physical therapy over the life of claim. In a Utilization Review Report dated August 20, 2014, the claims administrator partially certified a request for Norco, reportedly for weaning purposes. The claims administrator stated that the injured worker had had 16 sessions of postoperative physical therapy following an earlier lumbar decompressive surgery of February 25, 2014. The claim administrator suggested that the request for additional physical therapy was initiated on August 18, 2014. On February 20, 2014, the injured worker did undergo a left L2-L3 decompression-facetectomy-foraminotomy procedure. On May 29, 2014, the claimant reported persistent complaints of low back pain. The injured worker had had two decompressive surgeries, it was stated. The attending provider complained that the injured worker had been denied medications without an appropriate notice. The injured worker was placed off of work, on total temporary disability. Norco was renewed. There was no mention of medication efficacy. In a July 10, 2014 progress note, the injured worker reported persistent complaints of low back pain and neck pain with residual radicular pain complaints. The injured worker exhibited guarded lumbar range of motion. The injured worker was obese, with a BMI of 35. The injured worker was on Zestril, Flexeril, and Norco at rate of four times a day. The attending provider stated that he was angry that the injured worker had been denied medications. There was no explicit discussion of medication efficacy. The injured worker was again placed off of work, on total temporary disability. In a physical therapy note dated August 11, 2014, it was acknowledged that the injured worker had had 17 sessions of physical therapy

following earlier spine surgery in February 2014 through that point in time. On August 18, 2014, it was again stated that the injured worker was placed off of work, on total temporary disability. Eight additional sessions of physical therapy were endorsed. The injured worker was again using three to four Norco a day, it was stated. Once again, there was no discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and reduced pain achieved as result of the same. In this case, however, the injured worker is off of work, on total temporary disability. The attending provider has failed to recount any quantifiable decrements in pain or material improvements in function achieved as result of ongoing Norco usage. Therefore, the request is not medically necessary.

Post-operative physical therapy for the lumbar spine, 2 times 4: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: As of the date the request was initiated, August 18, 2014, the injured worker was still within the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier discectomy-laminectomy surgery on February 25, 2014. As noted in MTUS 9792.24.3.c.4.b, in cases where no functional improvement is demonstrated, postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine period. In this case, the injured worker had already had prior treatment (17 sessions), already in excess of the 16-session course recommended in section 9792.24.3 following earlier discectomy surgery. However, the injured worker remained off of work on total temporary disability, despite the same. The attending provider failed to outline any evidence of functional improvement as defined in MTUS 9792.20f through the 17 prior sessions of earlier physical therapy. Therefore, the request for additional treatment is not medically necessary.