

Case Number:	CM14-0147125		
Date Assigned:	09/15/2014	Date of Injury:	08/07/2013
Decision Date:	10/15/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/10/2014

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:

According to the provided documents, this is a 28-year-old man injured when picking up a heavy object and spraining his back on 8/7/13. There has been conservative treatment with chiropractic, PT (physical therapy), medications, TENS (transcutaneous electrical nerve stimulation) and activity restrictions. This is a review of disputed requests for additional PT 2X3-4 for traction trial; Norco 5/325 mg #90 prescribed on 8/8/14, consult for pre-procedure CPT 99203 with pain management specialist; LESI on L5-S1 on right; omeprazole 20 mg #30 prescribed on 8/8/14. The requesting report of that date is a Doctors 1st Report of Injury. The physician's specialty is not noted. This reviews the patient's mechanism of injury and previous treatment with other providers. There has been a previous lumbar MRI; there have been recommendations previously for lumbar epidural steroid injections reportedly denied. There had been a PM&R consultation (physical medicine and rehabilitation) 2/10/14. Medications at the time of the report were hydrocodone, ibuprofen, and Lisinopril. Subjective complaints were persistent low back pain constant with routine activities aggravating the pain. There is sharp shooting pain radiating to the bilateral lower extremities to the mid-calf worse on the right. Pain was 6/10, 90% lumbar and the remainder in the bilateral lower extremities. Objective findings included spasms, reduced range of motion with pain on extension, normal sensation, and strength 5/5. No mention of the reflexes. Diagnoses were low back pain, lumbar degenerative disc disease and clinically consistent lumbar radiculopathy. Omeprazole was prescribed for reflux associated with medications, Norco and nortriptyline for neuropathic pain. There was no mention of a prescription for any non-steroidal anti-inflammatory medication. There is no mention of any active upper gastrointestinal symptoms or findings. The patient was placed on modified duty status but it is not known if the patient was actually going to return to work. Additional records supplied documented up to at

least 14 chiropractic treatments, at least 8 physical therapy treatments, Norco was being prescribed by at least 2/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional PT 2x3-4 for Traction Trial: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: This patient has had substantial physical therapy and chiropractic therapy without any resolution of his symptoms or improvement in function. His pain has become chronic, but there has not been any acute flare-up of the chronic pain; it has simply plateaued and is continuing. Therefore the ACOEM treatment algorithms for physical therapy have been exhausted and MTUS chronic pain guidelines apply. In this case, there has not been any prior benefit from physical therapy and there is no acute exacerbation to address with physical therapy. Furthermore, while traction is not addressed in the physical medicine section of the MTUS chronic pain section, ACOEM does not support traction as a physical medicine modality for the lower back either. Therefore, based upon the evidence and guidelines, this is not considered to be medically necessary.

Consult for Pre-Procedure CPT 99203 with Pain Management Specialist: 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 opioids Page(s): 86. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7, Independent Medical Examination and Consultations page 127

Decision rationale: MTUS chronic pain guidelines address pain management context of chronic opioid management, not applicable here. Consults in general are addressed in ACOEM guidelines. Since this is being described as a pre-procedure consult, this is presumably being requested specifically so that the pain management physician can evaluate the patient prior to performing lumbar epidural steroid injection. It is not a request for additional treatment recommendations or to assist in the diagnosis. Since the procedure is not considered to be medically necessary, a pre-procedure consult is also not medically necessary.

LESI L5-S1 on right: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: MTUS guidelines only support epidural steroid injections when there is a clinically evident radiculopathy which includes physical examination findings of focal neurologic deficits at the levels being considered for the epidural. The examination does not show that there is any focal neurologic deficit in the lower extremities to support a clinically evident radiculopathy. Therefore, based upon the evidence and the guidelines this is not considered to be medically necessary.

Omeprazole 20mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The requesting report states that this is being prescribed for reflux associated with medications but there are no subjective complaints consistent with any upper gastrointestinal reflux, no abnormal abdominal exam to support that there is reflux present which needs to be treated. MTUS chronic pain guidelines support use of omeprazole for patients who are at high risk for developing upper gastrointestinal side effects to non-steroidal anti-inflammatory medications, but the patient is not being prescribed any medication in that class. Therefore, based upon the evidence and the guidelines, this is not approved.

Norco 5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 74-75,78-79.

Decision rationale: Norco is one brand name for hydrocodone, an opiate combined with acetaminophen, an analgesic. It comes in a variety of doses. Hydrocodone is a short acting opioid analgesic. The patient has been using Norco since at least February 2014 and despite the Norco use the patient has required ongoing treatment with multiple medications, physician follow-up visits, and specialty consultations. There has been no objective functional improvement, no progress towards returning to regular work and the patient requires additional specialty consultation now according to the requesting report. MTUS guidelines state that opiates should be discontinued when there is no overall improvement in function which is also not documented in the reports. Thus, taking into consideration the evidence and the guidelines the continued use of the Norco is not medically necessary.

