

Case Number:	CM14-0162246		
Date Assigned:	10/07/2014	Date of Injury:	11/24/2009
Decision Date:	11/07/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/02/2014

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 Internal Medicine and is licensed to practice in Georgia. 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 55 year old female with the date of injury of 11/24/2009. The mechanism of injury was a fall. Her diagnoses included status post lumbosacral reconstruction with residuals, progressing well and stenosis with internal disc disruption and collapse at L2-L3 and L3-L4 with central and lateral recess stenosis. Past treatments included medication and aquatic therapy. The diagnostic testing included x-ray of the lumbar spine with noted severe degeneration and collapse at L2-L3 and L3-L4 with anterior and posterior osteophytes. Her surgical history included lumbar spinal fusions in 2010 and 2013, with fusion of the L4-S1. Within the clinical note on 08/19/2014 it was reported the injured worker complained of exacerbation of low back pain. She rated her pain 8.5/10 in severity. The physical examination found some motor weakness in both quadriceps 4/5, however no pain was noted to the lumbar spine with internal rotation of the bilateral hips. The medication regimen included Ultracet, however the frequency was not provided. The treatment plan included request for aquatic therapy 2-3 times a week for 4 weeks, MRI of the lumbar spine to rule out stenosis or cauda equine syndrome, and Norco 10/325mg, #60. The treating provider stated recommending continued aquatic therapy for the lumbar spine and Norco, however rationale was not specific. The Request for Authorization provided for review was dated 08/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy Lumbar Spine 2 To 3 Times A Week for 4 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: The request for Aquatic Therapy Lumbar Spine 2 to 3 times a week for 4 weeks is not medically necessary. The California MTUS guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternate to land based therapy in those individuals in whom reduced weight bearing is desirable. There is lack of documentation indicating the injured worker to have a condition for which reduced weight bearing is desirable. There is lack of documentation of motor deficits of the lower extremities warranting the medical necessity of the request. Therefore, the request for Aquatic Therapy is not medically necessary.

MRI Lumbar Spine to Rule Out Stenosis or Cauda Equina Syndrome: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for Magnetic resonance imaging (MRI) of the lumbar spine to rule out stenosis or cauda equine syndrome is not medically necessary. The California MTUS/ACOEM guidelines clinical objective findings that identify specific nerve compromise on the neurological exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false by positive findings, such as disc bulges that are not the source of painful symptoms and do not warrant surgery. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. There is lack of significant neurological deficits such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. There is lack of documentation of red flag diagnosis or the intent to undergo surgery. Therefore, the request for MRI is not medically necessary.

Norco 10/325 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 77-78.

Decision rationale: The request for Norco 10/325 mg #60 is not medically necessary. The California MTUS Guidelines recommend on going review and documentation of pain relief,

functional status, and appropriate medication use. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of them medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally the use of a urine drug screen was not submitted for clinical review. Therefore, the request for Norco is not medically necessary.