MAXIMUS Federal Services

Case Number:	CM14-0097414		
Date Assigned:	07/28/2014	Date of Injury:	12/12/2011
Decision Date:	09/19/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/25/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 27 year old female who was injured on 12/12/2011. She was diagnosed with sciatica, chronic pain syndrome, low back pain, lumbar strain, lumbar degenerative disc disease, and lumbar radiculitis. She was treated with medications including opioids, and was also treated with physical therapy. On 5/29/14 the worker was seen by her primary treating physician complaining of her chronic low back pain, but overall reported doing well. Her medications (Tramadol, Naproxen, Omeprazole, Norco, Lidocaine patch) reportedly allowed her to do more activities and take care of her family. She requested physical therapy to increase strength. She did report having abdominal discomfort from the Norco and wanted something else to use that wouldn't have this side effect. She reported doing daily stretching and ice. She also reported not needing a refill. Her pain level was reported at a 9/10 on the pain scale without medication and 4/10 with medication. She was then recommended 12 more sessions of physical therapy to regain mobility, strength, and functional stamina. It was recommended also to continue all of her medications, including Norco as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Noroc 10/325 #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, she seems to be functioning better with the use of her medications, collectively. However, it is not known how much the Norco vs. the other medications that she is using daily are contributing the most to this benefit, as this was not documented in the notes available for review. Also, the worker was experiencing abdominal pain related to the Norco use. Therefore, it seems reasonable to consider a trial off of Norco to see how much benefit vs. side effects it provided the worker. For now, without clear evidence of benefit, the Norco is not medically necessary.

12 physical therapy sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98-99. Decision based on Non-MTUS Citation Official disabilities guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS Chronic Pain Guidelines state that physical therapy is generally recommended for musculoskeletal complaints such as low back pain. The goal of physical therapy is to move towards active home exercises that maintain strength and mobility; however, initially passive and active supervised therapy may be helpful in part to instruct the patient to do the exercises correctly. In the case of this worker, she had completed physical therapy in the past. It was requested that the worker return to supervised therapy for 12 sessions with another home exercise instruction/plan. No report was found in the documents that the worker had been doing more than stretches as her home exercise program. It seems reasonable, if the worker feels she needs a refresher and a reconstructed home exercise program to attend a few supervised physical therapy sessions. However, more than this is medically unnecessary, therefore, 12 sessions of physical therapy for the lumbar spine is not medically necessary.