

Case Number:	CM14-0211132		
Date Assigned:	12/24/2014	Date of Injury:	08/17/2009
Decision Date:	03/11/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 50 year-old male with date of injury 08/17/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/04/2014, lists subjective complaints as pain in the low back with radicular symptoms down the bilateral lower extremities. MRI of the lumbar spine on 01/21/2013 was notable for status post laminectomy of L5 with fusion of L5 and S1, hypertrophic changes at facet joints of L4-L5 level bilaterally, and a 3mm broad-based posterior disc/endplate osteophyte complex at L5-S1. There was no significant change since the patient's last lumbar MRI on 06/26/2012. Objective findings: Examination of the lumbar spine revealed tenderness to palpation over the implant of the spinal cord stimulator. Patient was able to walk without an antalgic gait. No other physical examination findings were documented by the requesting provider. Diagnosis: 1. Chronic low back pain. 2. Status post lumbar fusion at L5-S. 3. Status post spinal cord stimulation implant, December 2013. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as one year. There was no documentation in the records of any previous physical therapy for the lumbar spine. Medications: Oxycodone 5mg, #60 SIG: po bid prn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5 milligrams, #60.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of oxycodone, the patient has reported very little, if any, functional improvement or pain relief over the course of the last one year. Oxycodone 5 milligrams, #60 is not medically necessary.

8 physical therapy visits for the lumbar spine, 2 visits per week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. In addition, California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone more than 24 sessions of physical therapy. During the previous physical therapy sessions, the patient should have been taught exercises which are to be continued at home as directed by MTUS. This request is not medically necessary.