

Case Number:	CM14-0211333		
Date Assigned:	12/24/2014	Date of Injury:	03/15/1999
Decision Date:	02/19/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/17/2014

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: Emergency 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 with reported date of injury on 3/15/1999. Mechanism of injury is from lifting injury. Diagnosis includes lumbosacral disc degeneration and lumbago. Medical reports reviewed. Last report available until 11/24/14. Patient complains of low back pain. Pain is 5/10. Pain is reportedly stable on MS Contin. Objective exam reveals diffuse low back pain, positive straight leg raise, and limited range of motion and trigger point tenderness. Urine Drug Screen dated 11/10/14 was consistent. Medications include MS Contin, Senna, and Lisinopril, metformin, pantoprazole, Prozac, trazodone and atorvastatin. It was also noted that Hydromorphone 2mg #60 was prescribed on 10/30/14 and 4mg tablets on 11/11/14. Patient has had extensive management of injury including an unknown number of physical therapy sessions. Independent Medical Review is for Physical therapy 2 per week for 4weeks (8total) and Hydromorphone 2mg # (unknown). Prior Utilization Review on 12/10/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient's pain and exam has been stable for years. There is no documentation as to why the patient suddenly needed physical therapy. Patient also has had an unknown number of physical therapy sessions in the past. The provider has failed to provide any rationale or reasoning for additional sessions. There is no documentation as to why the patient cannot perform home exercise program or why additional sessions is necessary. Additional Physical Therapy is not medically necessary.

Hydromorphone 2 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take before a Therapeutic Trial of Opioids; Opioids: Init.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

Decision rationale: Hydromorphone is a strong opioid. Patient has chronically been on MS Contin. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Patient has been stable on MS Contin for at least a year. There is no justification or rationale provided as to why Hydromorphone was added onto pain regiment. There is no documented improvement on this regiment. The frequency and total number of tablets was no provided in this incomplete request. Hydromorphone is not medically necessary.