MAXIMUS Federal Services

Case Number:	CM14-0213510		
Date Assigned:	04/07/2015	Date of Injury:	08/22/2012
Decision Date:	05/18/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/19/2014

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: Orthopedic Surgery, Sports 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:

The injured worker is a 54-year-old female who reported an injury on 08/22/2012. The mechanism of injury reportedly occurred as extended standing. She is diagnosed with cervical and lumbar radiculopathy, herniated nucleus pulposus. Her past treatments have included medications, physical therapy, and chiropractic therapy. Diagnostic studies included a cervical MRI without contrast performed on 08/13/2014 with findings of no cranial vertebral junction abnormality. There are no fractures. The reversal of the cervical lordosis pivoted around C5. C2-3: There is no compromise of the cord or exiting nerve roots. The facet joints are satisfactory. C3-4: There is a 2 to 3 mm central posterior disc protrusion encroaches on the encroachment on the foramina. There is no compromise of the exiting nerve roots. The facet joints are satisfactory. C4-5: There is a 2 to 3 mm left paracentral disc protrusion/extrusion with encroachment on the left anterolateral aspect of subarachnoid space and left foramen. There is no compromise of the cord. There is compromise of the exiting left nerve root. There are arthritic changes in the facet joints, left greater than right. C5-6: There is a 3 mm posterior disc protrusion with encroachment on the subarachnoid space and foramina bilaterally. There is no compromise of the cord. There is compromise of the exiting nerve roots bilaterally. There are arthritic changes in the facet joints. C6-7: A 2 to 3 mm posterior disc protrusion with encroachment on subarachnoid space and foraminal stenosis contributed by osteophytes projecting posterolaterally. No cord compromise. Bilateral neural foraminal narrowing. Facet arthritic change. C7-T1: There is no compromise of the cord or exiting nerve roots. The facet joints are unremarkable. T1-2: There is no compromise of the cord or exiting nerve roots. The

facet joints are unremarkable. A lumbar MRI without contrast performed on 08/13/2014 had findings of the lordosis and alignment is maintained. No paravertebral soft tissue abnormalities. T12-L1: There is no compromise of the cord or exiting nerve root. L1-2: There is no compromise of the traversing or exiting nerve roots. The facet joints are unremarkable. L2-3: There is no encroachment on the thecal sac or foramina. The facet joints are unremarkable. L3-4: There is a 2 to 3 mm posterior disc protrusion with encroachment on the thecal sac, but none on the foramina. There is no compromise of the traversing or exiting nerve roots. The facet joints are satisfactory. L4-5: There is a 2 to 3 mm posterior disc bulge with encroachment on the thecal sac and right foramen. There is no compromise of the traversing or exiting nerve roots. The facet joints are satisfactory. L5-S1: There is a 3 mm posterior disc protrusion with encroachment on the epidural fat and foramina bilaterally. There is no compromise of the traversing nerve root. There is compromise of the exiting nerve roots bilaterally. The facet joints are satisfactory. The sacroiliac joints are unremarkable. An EMG/NCS performed on 07/28/2014 of the left upper and lower extremity was an abnormal EMG and nerve conduction study of the left upper and lower extremity, and showed a mild left carpal tunnel syndrome with prolonged median sensory latencies across the wrist. There is also a mild left ulnar neuropathy at the elbow with decreased ulnar motor conduction velocity across the elbow. There is no evidence of radial neuropathy or significant cervical radiculopathy, tarsal tunnel syndrome, or significant lumbar radiculopathy. Her surgical history was noncontributory. The injured worker presented on 03/17/2015 with complaints of cervical, lumbar, and left foot pain. The injured worker complained of constant, moderate, achy neck pain, aggravated by lifting. The injured worker further complained of constant, moderate, achy low back pain, aggravated by lifting; and constant, mild, achy, stabbing left foot pain, aggravated by walking and standing. Upon physical examination of the cervical spine, range of motion upon flexion was at 40 degrees, extension was at 40 degrees, right lateral bending was at 20 degrees, left lateral bending was at 20 degrees, right rotation was at 50 degrees, and left rotation was at 60 degrees. It was further noted that there was tenderness to palpation of the cervical vertebral muscles and left trapezius, and right trapezius musculature. There was muscle spasm of the cervical paravertebral musculature. Spurling's was positive on the right. Regarding physical examination of the lumbar spine, range of motion upon flexion was at 40 degrees, extension was at 20 degrees, right lateral bending was at 20 degrees, and left lateral bending was at 20 degrees. There was tenderness to palpation of the lumbar paravertebral musculature. There was muscle spasm of the lumbar paravertebral musculature, straight leg raise was negative. Regarding physical examination of the left foot, Tinel's was positive. Her current medication regimen included Norco 10/325 mg as needed, Soma 350 mg daily, and naproxen 550 mg. The treatment plan included to continue with chiropractic/physical therapy, and continue with acupuncture. The rationale for the request was that the chiropractic and physiotherapy was helping. A Request for Authorization form was not included in the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective use of Norco 10/325mg #90 (DOS: 10/23/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 76-78.

Decision rationale: The request for retrospective use of Norco 10/325 mg #90, DOS: 10/23/2014 is not medically necessary. The injured worker has neck, low back, and left foot pain. The California MTUS Guidelines state that the ongoing management of opioid therapy should include detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The documentation submitted for review included a detailed pain assessment to establish adequate pain relief with the use of Norco, indicating that it provided 50% pain relief. However, there was no evidence of lack of adverse effects and aberrant behaviors. Additionally, a urine drug screen was not submitted to verify appropriate medication use. In the absence of the aforementioned documentation to support the ongoing use of opioids, the request is not supported. As such, the retrospective use of Norco 10/325 mg #90, DOS: 10/23/2014 is not medically necessary.

Prospective usage of Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Initiating Therapy Page(s): 76-78.

Decision rationale: The request for prospective usage of Norco 10/325 mg #90 is medically necessary. The injured worker has constant and moderate neck and low back pain. The California MTUS Guidelines state that for patients with continuous pain, opioids are recommended. Additionally, the guidelines suggest considering the use of a urine drug screen to assess for the use or the presence of illegal drugs. The documentation submitted for review included a urine drug screen that was negative for the presence of illicit substances. However, the request as submitted did not include a frequency of use. As such, the request for the prospective usage of Norco 10/325 mg #90 is not medically necessary.

Functional Capacity Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48.

Decision rationale: The request for Functional Capacity Evaluation is medically necessary. The injured worker has chronic neck, low back, and left foot pain. The California MTUS Guidelines recommend functional improvement measures. Additionally, the guidelines state that the importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function, that would

otherwise deteriorate. The documentation submitted for review included an assessment with work functions, physical impairments, approach to self- care and education, and medications. As such, the request for Functional Capacity Evaluation is medically necessary.

Consultation with a Podiatrist (left foot/ankle): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), Office visits.

Decision rationale: The request for consultation with a podiatrist (left foot/ankle) is not medically necessary. The injured worker has chronic neck, low back, and left foot pain. The Official Disability Guidelines recommend office visits and has determined them to be medically necessary. The guidelines further state that evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker and they should be encouraged. However, the documentation submitted for review fails to provide evidence that the injured worker has participated in any conservative therapy for the treatment of her chronic left foot pain. As such, the request for consultation with a podiatrist (left foot/ankle) is not medically necessary.

Chiropractic/Physiotherapy (2-times a week for 3 weeks for the lumbar spine and bilateral lower extremities): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation; Physical Medicine Page(s): 58-60, 98-99.

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

Decision rationale: The request for Chiropractic/Physiotherapy (2-times a week for 3 weeks for the lumbar spine and bilateral lower extremities) is not medically necessary. The injured worker has chronic neck, low back, and left foot pain. The documentation submitted for review provides evidence that the injured worker has had previous chiropractic and physical therapy for the lumbar and cervical spine. However, the documentation submitted for review failed to provide evidence of objective functional improvement from previous therapy. As such, the request for Chiropractic/Physiotherapy (2-times a week for 3 weeks for the lumbar spine and bilateral lower extremities) is not medically necessary.