

Case Number:	CM15-0014221		
Date Assigned:	02/02/2015	Date of Injury:	12/08/2012
Decision Date:	03/24/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/26/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 43 year old female, who sustained an industrial injury on 12/8/2012. She has reported pain in the back that spread to bilateral lower extremities. Magnetic Resonance Imaging (MRI) dated 10/24/14 revealed L5-S1 facet hypertrophy bilaterally with central canal and neural foraminal narrowing. The diagnoses have included disc desiccation, degenerative disc disease, and spinal stenosis with claudication. Treatment to date has included physical therapy, analgesic, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), and muscle relaxant, and Toradol injection, and epidural injection. Currently, the IW complains of constant severe pain in lumbar spine associated with radiating pain to bilateral legs with numbness and tingling. Pain was rated 9/10 VAS. On 12/8/14, physical examination documented decreased flexion and extension of thoracic and lumbar spine, and tenderness and muscle spasms noted to bilateral paravertebral musculature. Straight leg raising test was positive. Diagnoses included bilateral knee pain, spondylosis lumbar spine. On 1/5/2015 Utilization Review non-certified spinal surgical consultation, Pain management consultation, hydrocodone/APAP 5/300mg 30 day supply, and acupuncture twice a week for eight weeks. The MTUS, ACOEM and ODG Guidelines were cited. On 1/26/2015, the injured worker submitted an application for IMR for review of spinal surgical consultation, Pain management consult, hydrocodone/APAP 5/300mg 30 day supply and acupuncture twice a week for eight weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal surgical consult: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310.

Decision rationale: According to the ACOEM guidelines, surgical consultation should be made to discuss surgical options when pain is severe with evidence of nerve root compromise and failed conservative therapy. In this case, the claimant had a positive straight leg raise test. The claimant had persistent 9/10 pain under the care of an orthopedic surgeon (primary treating physician) who had requested a spinal surgical consultation. According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. Based on the above, the request for a spine surgeon consultation is medically necessary.

Pain management consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations, page 127 and on the Official Disability Guidelines (ODG) Low Back Chapter, Evaluation and Management

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Office visits and consultation

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In this case, the claimant had been seeing an orthopedic surgeon for months without pain and functional improvement. The claimant had not responded to oral opioids. Since the referring physician did not specialize in pain management and the pain remained a high level, the referral to a pain specialist is appropriate and medically necessary.

Hydrocodone/APAP 5-300mg 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80, 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for several months without significant improvement in pain or function. The claimant required a pain management consultation. The pain remained 8-9/10 for several months. The continued use of Hydrocodone is not medically necessary.

Acupuncture 2 x 8: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the guidelines, Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is recommended for 3-6 sessions to obtain functional improvement. In this case, the request was for 16 sessions before determining functional response. The request is therefore not medically necessary.