

Case Number:	CM15-0015991		
Date Assigned:	02/04/2015	Date of Injury:	06/26/2014
Decision Date:	03/27/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/28/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38-year-old female, who sustained an industrial injury on 6/26/14. On 1/28/15, the injured worker submitted an application for IMR for review of Outpatient Functional Capacity Evaluation, and Physical Therapy to lumbar 3 times a week for 3 weeks, and Norco 10mg #60. The treating provider has reported the injured worker complained of lumbosacral spine pain "feels like it's getting worse". Injured worker also describes "more problems with legs". The diagnoses have included lumbar spinal stenosis, lumbosacral neuritis NOS. Treatment to date has included diagnostics, medications, and physical therapy (9), x-rays, lumbar MRI (1/6/14). On 12/29/14 Utilization Review non-certified Outpatient Functional Capacity Evaluation, and Physical Therapy to lumbar 3 times a week for 3 weeks, and MODIFIED Norco 10mg #60 TO #30. The MTUS, Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Functional Capacity Evaluation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations

Decision rationale: The 38-year-old patient presents with constant low back pain that radiates down to the legs, as per progress report dated 10/30/14. The request is for OUTPATIENT FUNCTIONAL CAPACITY EVALUATION. The RFA for this request is dated 10/30/14, and the patient's date of injury is 06/26/14. The patient has been diagnosed with lumbago, lumbar spinal stenosis, and UNS thoracic/lumbar neuritis, as per progress report dated 10/30/14. Medications include Norco and Diclofenac. MRI of the lumbar spine, dated 01/05/14, revealed disc desiccation, disc bulge, and degenerative changes at L5-S1 along with straightening of the lumbar lordosis. The patient has been allowed to return to modified work, as per progress report dated 12/18/14. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, page 137-139 states that the "examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluation, may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." In this case, the patient has received conservative care in form of physical therapy, shockwave therapy, and medications, as per QME report dated 10/28/14. The treater is requesting for functional capacity evaluation prior to declaring the patient permanent and stationary, in progress report dated 10/30/14. However, the progress reports do not mention a request from the employer or claims administrator. There is no discussion about the current request or prior evaluations in the reports. Routine FCE is not supported by the ACOEM. Additionally, the patient is back to modified work without any issues, as per progress report dated 12/18/14. Hence, the request IS NOT medically necessary.

Physical Therapy to lumbar 3 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: The 38-year-old patient presents with constant low back pain that radiates down to the legs, as per progress report dated 10/30/14. The request is for PHYSICAL THERAPY TO LUMBAR 3 TIMES A WEEK FOR 3 WEEKS. The RFA for this request is dated 10/30/14, and the patient's date of injury is 06/26/14. The patient has been diagnosed with lumbago, lumbar spinal stenosis, and UNS thoracic/lumbar neuritis as per progress report dated 10/30/14. Medications include Norco and Diclofenac. MRI of the lumbar spine, dated 01/05/14, revealed disc desiccation, disc bulge, and degenerative changes at L5-S1 along with straightening of the lumbar lordosis. The patient has been allowed to return to modified work, as per progress report dated 12/18/14. MTUS guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, QME report dated 10/28/14,

states that the patient "came under treatment consisting of physical therapy." None of the progress reports, however, document the number of sessions that were administered. Additionally, the treater does not document an improvement in function or reduction in pain due to prior therapy. The reports do not discuss the purpose of this additional therapy request. Hence, the request IS NOT medically necessary.

Norco 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 90.

Decision rationale: The 38-year-old patient presents with constant low back pain that radiates down to the legs, as per progress report dated 10/30/14. The request is for NORCO 10 mg # 60. The RFA for this request is dated 10/30/14, and the patient's date of injury is 06/26/14. The patient has been diagnosed with lumbago, lumbar spinal stenosis, and UNS thoracic/lumbar neuritis as per progress report dated 10/30/14. Medications include Norco and Diclofenac. MRI of the lumbar spine, dated 01/05/14, revealed disc desiccation, disc bulge, and degenerative changes at L5-S1 along with straightening of the lumbar lordosis. The patient has been allowed to return to modified work, as per progress report dated 12/18/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Norco is only noted in progress report dated 10/30/14. QME report, dated 10/28/14, also states that the patient receives Norco pain relief. Progress report dated 10/30/14 states that a urine toxicology screen was performed but it does not discuss the results. None of the progress reports document a reduction in pain in terms of change in pain scale. The treater does not use a validated measurement to demonstrate an increase function due to Norco use. No CURES reports are available for review and the treater does not list the side effects associated with Norco use as well. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request IS NOT medically necessary.