MAXIMUS Federal Services

Case Number:	CM15-0121193		
Date Assigned:	07/01/2015	Date of Injury:	09/17/2004
Decision Date:	07/31/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/23/2015

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: 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:

The injured worker is a 52 year old male, who sustained an industrial injury on 9/17/04. He has reported initial complaints of low back injury. The diagnoses have included lumbago, myospasm, lumbar post laminectomy syndrome, lumbosacral neuritis, left leg joint pain and chronic pain. Treatment to date has included medications, activity modifications, trigger point injections, transcutaneous electrical nerve stimulation (TENS), acupuncture, injections, surgery, physical therapy, and home exercise program (HEP). Currently, as per the physician progress note dated 6/10/15, the injured worker complains of low back pain rated 3/10 and is taking Norco and Celebrex for pain. He states that he is in physical therapy two times a week and is getting good results. He reports decrease in pain in the sciatica, bilateral feet and right hip. He is currently working and reports difficulty with sleeping due to pain. The physical exam of the lumbar spine reveals tenderness to palpation, spasms, positive Faber test on the left, there is decreased lumbar range of motion with pain and spasm and tenderness to palpation over the left iliac crest. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine and computerized axial tomography (CT scan) of the lumbar spine. The diagnostic reports were not noted in the records. The previous physical therapy sessions are noted in the records. The current medications included Celebrex, Norco, Synthroid, Lidoderm, Skelaxin, and Halcion. The physician requested treatments included Norco 5/325mg (Rx 06/10/15) #90, Lumbar sympathetic block, and Physical therapy to the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg (Rx 06/10/15) #90: Upheld

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

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 Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Norco 5/325mg (Rx 06/10/15) #90 is not medically necessary.

Lumbar sympathetic block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic), CRPS, Sympathetic Blocks (therapeutic).

Decision rationale: According to the Official Disability Guidelines, sympathetic/stellate blocks are recommended for limited, select cases, primarily for diagnosis of sympathetically mediated pain and therapeutically as an adjunct to facilitate physical therapy/ functional restoration. The role of sympathetic blocks for treatment of CRPS is largely empirical (with a general lack of evidence-based research for support) but can be clinically important in individual cases in which the procedure ameliorates pain and improves function, allowing for a less painful "window of opportunity" for rehabilitation techniques. It has been determined that a sympathetic mechanism is only present in a small subset of patients, and less than 1/3 of patients with CRPS are likely to respond to sympathetic blockade. Researchers have suggested the following are predictors of poor response to blocks: (1) Long duration of symptoms prior to intervention; (2) Elevated anxiety levels; (3) Poor coping skills; (4) Litigation; (5) Allodynia and hypoesthesia. The medical record fails to document the above criteria. Lumbar sympathetic block is not medically necessary.

Physical therapy to the low back: Upheld

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

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

Decision rationale: The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. There is no documentation of objective functional improvement and the request is for greater than the number of visits necessary for a trial to show evidence of objective functional improvement prior to authorizing more treatments. Patient has recently completed 8 sessions of physical therapy for the lumbar spine. The previous reviewer modified the original request from 9 sessions to 8 sessions. Physical therapy to the low back is not medically necessary.