

Case Number:	CM15-0122702		
Date Assigned:	07/07/2015	Date of Injury:	12/05/2013
Decision Date:	08/10/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/25/2015

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, North Carolina
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 50-year-old female, who sustained an industrial injury on 12/5/13. She reported feeling dizzy and disoriented as well as discomfort in her neck and back. Treatment to date has included MRI, physical therapy, urine drug screen and medication. Currently, the injured worker complains of severe neck and lumbar pain rated 9/10. The injured worker is currently diagnosed with cervical spinal stenosis with myelomalacia and lumbosacral strain with stenosis and radiculopathy. Her work status is temporarily totally disabled. An evaluation dated 11/21/14 notes the injured worker experiences difficulty engaging in activities of daily living due to pain and is unable to perform activities such as lifting, pulling, pushing, bending, overhead activities and prolonged standing and walking. A letter dated 3/16/15 states there is severe muscle spasms and restricted range of motion in the cervical and lumbar spine; there is also radiculopathy and spinal stenosis of the lumbar spine. This letter also states the injured worker would benefit from surgical intervention. The injured worker has engaged in physical therapy, which per this same note, is not experiencing any benefit from it. The MRI revealed abnormalities in the cervical and lumbar spine. In notes dated 4/13/15 and 5/11/15, it is documented that there is weakness and restricted range of motion. The following treatments, physical therapy 8 sessions (2 times a week for 4 weeks) neck/back, physiotherapy 8 session (2 times a week for 4 weeks) neck/back and Norco 10/325 #180, are being requested in an attempt to alleviate the injured worker's pain and improve range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week time 4 weeks, neck/back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck and upper back (acute and chronic).

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

Decision rationale: CA MTUS recommends physical therapy (PT) in cases of chronic pain in order to provide pain relief and improved function. This claimant's injury was on 12/5/2013 and she has undergone previous course of PT, which were of no benefit to her. Subjectively, the patient states her neck and low back pain are rated at 9/10. The medical records submitted document decreased range of motion in her cervical and lumbar spine. There are no neurologic deficits documented. The claimant has significant abnormalities on her MRI exams of the spine, which the treating physician states are surgical in nature. Yet for some unknown reason the patient has not had a surgical evaluation. Given her past failure of PT and the surgical nature of her condition, it is highly unlikely that further PT will be of any benefit. Therefore the request is deemed not medically necessary or appropriate.

Physiotherapy 2 times a week times 4 weeks, neck/back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck and upper back (acute and chronic).

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

Decision rationale: As noted in the Physician Peer Report by [REDACTED], the request for Physiotherapy is redundant, given the previous request for Physical Therapy (PT). The services provided by PT and Physiotherapy are the same. Therefore the request is not medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck and upper back (acute and chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 78-80.

Decision rationale: CA MTUS Guidelines recommends opioids for neuropathic pain that has not responded to first-line agents (antidepressants and antiepileptics). They are generally not recommended for long-term use, but in these cases the provider should document and monitor their use. The "4 A's" should be documented, as well as a narcotic contract and periodic urine drug screenings. In this case, there is no evidence that any monitoring has been performed. In addition there is no documentation concerning the efficacy of the narcotic (Norco). The records

only reveal that the patients' pain is "severe," with no further assessment. She is taking Norco 10/325 every 4 hours with a pain level of 9/10, indicating the narcotic is providing minimal, if any relief. MRI findings clearly suggest that this patient is a spinal surgical candidate, yet there is no evidence of a surgical referral or evaluation. Continued treatment of symptoms with narcotics is thus deemed not medically necessary or appropriate.