MAXIMUS Federal Services

Case Number:	CM15-0123779		
Date Assigned:	07/15/2015	Date of Injury:	05/21/2013
Decision Date:	09/15/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/26/2015

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: New York
Certification(s)/Specialty: Pediatrics, Internal 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 62-year-old male, with a reported date of injury of 05/21/2013. The mechanism of injury was a fall from a ladder. The injured worker's symptoms at the time of the injury had included pain in the left shoulder, left hip, left hand, right knee, cervical spine, jaw, and teeth. The diagnoses include left carpal tunnel syndrome, cervical spine strain and sprain, left wrist and hand strain and sprain, lumbar protruding disc syndrome with lower extremity radiculopathy, left de Quervain's disease, and left chronic wrist pain. Treatments and evaluation to date have included left wrist steroid injection, physical therapy, and oral medications. The diagnostic studies to date have included electrodiagnostic studies of the bilateral upper extremities on 01/22/2015 with normal findings; x-rays of the lumbar spine on 08/07/2014 which showed lumbar fusion, diffuse disc space narrowing with mild spurring; an MRI of the lumbar spine on 09/15/2014; and x-rays of the left hand on 06/03/2013. The progress report dated 05/22/2015 is handwritten and somewhat illegible. The report indicates that the injured worker reported that he had an injection to the base of his left thumb and left dorsal wrist, which continued to provide some benefit. He reported decreased pain and ability to close his hand. The injured worker complained of decreased grip strength and tightness in the hand. The injured worker also complained of low back pain with radiation to the left lower extremity. He rated his pain 5-6 out of 10 with medications; and 7-8 out of 10 without medications. The duration of the pain relief was noted as 2 hours. The medications helped to increase his functionality. The examination of the left wrist showed tenderness to palpation, decreased range of motion with increased pain in all planes, positive Finklestein test, and positive Tinel's and Phalen's test. An

examination of the lumbar spine showed tenderness to the bilateral paravertebral muscles, decreased range of motion with increased pain in all planes, positive left straight leg raise test, and decreased sensation along the left L5-S1 dermatome distribution. The injured worker's work status was documented as temporary totally disabled for six weeks. The treating physician requested six (6) physical therapy sessions for the lumbar spine due to flare-up and left wrist to increase grip strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine and left wrist, quantity: 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98-99, Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 271 and 308, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The CA MTUS Chronic Pain Guidelines recommend passive and active therapy. Passive therapy can provide short-term relief during the early phases of pain treatment; control symptoms of pain, inflammation, and swelling; and help improve the rate of healing soft tissue injuries. Active therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can relieve discomfort. The guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended. The injured worker has been diagnosed with lumbar protruding disc syndrome with radiculopathy. The MTUS/ACOEM Guidelines recommend manipulation of the low back during the first month of symptoms without radiculopathy. Manipulation for patients with radiculopathy is optional. The ACOEM Guidelines recommend instruction for home exercises for forearm, wrist, and hand complaints. The request does not meet guideline recommendation. Therefore, the request for physical therapy for the low back and left wrist is not medically necessary.

Norco 5/325mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20, Part 1: Conclusion, and Opioids Page(s): 1, 9, and 74-96.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that Norco (Hydrocodone/ Acetaminophen) is indicated for moderate to moderately severe pain. The injured worker continued to have low back pain and decreased strength in his left wrist. He has been taking Norco since at least 02/27/2015. The guidelines indicate that on-going management for

the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The documentation did not include all of these items as recommended by the guidelines. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. A urine drug screen dated 02/27/2015 was reviewed with the injured worker and demonstrated compliance with current medications. However, specific functional goals, and opioid contract were not discussed. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management...and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the request for Norco is not medically necessary.