

Case Number:	CM15-0127738		
Date Assigned:	07/14/2015	Date of Injury:	06/30/2014
Decision Date:	08/12/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/01/2015

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: Emergency 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 38 year old male, who sustained an industrial injury on 6/30/2014. He reported weakness in the arms and feet during a lifting activity. Diagnoses include lumbar sprain, neck sprain, and cervical/brachial radiculitis, and status post cervical discectomy and fusion in August 2014. Treatments to date include Norco, Gabapentin, and activity modification. Patient has extensive physical therapy (total number was not documented) post neck surgery since 8/14 and had another 6 PT sessions approved on 1/15 by Utilization Review due to exacerbation. Currently, he complained of pain in the neck and right greater than left arms. He reported becoming easily agitated and depression as a result of the injury. The records indicated a recent emergency department presentation due to neck pain with bilateral upper and lower extremity symptoms on 5/4/15. The MRI obtained on 4/29/15 revealed worsening conditions. On 5/21/15, the physical examination documented cervical tenderness and decreased range of motion. The fingers in the right hand were unable to fully extend and caused pain along the ulnar nerve pattern. The lumbar spine was also tender with decreased range of motion. The plan of care included a request to authorize a psychology consultation; Occupational therapy twice a week for four weeks; and Norco 10/325mg one tablet every six hours #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychologist consultation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychologist Evaluations Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23-24.

Decision rationale: As per MTUS Chronic pain guidelines, psychological interventions are recommended to aid in coping and treatment of chronic pain. Patient has had pain and injury for 1 year now and has not yet been seen by a psychologist. Patient has no improvement in symptoms and has some worsening irritability and anger. Consultation with a psychologist is medically necessary.

Occupational therapy x 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Neck and Upper Back Chapter.

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior multiple post-operative PT sessions (Total number was not documented) with an additional 6 PT sessions approved was completed and had no reported objective improvement. The provider has failed to document any objective improvement from prior sessions, how many physical therapy sessions were completed or appropriate rationale as to why additional PT sessions are necessary. Objective improvement in strength or pain is not appropriately documented. There is no documentation if patient is performing home directed therapy with skills taught during PT sessions but only home exercises. There is no documentation as to why home directed therapy and exercise is not sufficient. Documentation fails to support additional physical medicine sessions. Additional 10 physical medicine sessions are not medically necessary.

Norco 10/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines,

documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Provider has documented continued severe pain on current regiment. There is no documentation of any objective improvement in pain or function. The lack of documentation of efficacy or monitoring does not support continued opioid therapy. Norco is not medically necessary.