

Case Number:	CM15-0172770		
Date Assigned:	09/14/2015	Date of Injury:	05/05/2001
Decision Date:	11/25/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/02/2015

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, Arizona

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 53 year old male who sustained an industrial injury on 05-05-2001. Diagnoses include failed lumbar laminectomy, lumbar radiculopathy, chronic low back pain, chronic pain and use of medical marijuana. A physician progress note dated 08-05-2015 documents the injured worker has numbness across the low back in a rectangle area surrounding the upper gluteal fold. He has foot pain. His pain is rated and 6 out of 10 without medication and 2 out of 10 with medications. He has weakness in his left lower extremity. Mentally he is doing much better. He has limited range of motion of his lumbar spine. Increased activity increases his pain. On 07-08-2015 a physician progress note documents with the use of medical marijuana his use of Hydrocodone is decreased. He has continued decreased range of motion and lumbar spine spasms. On this date he rates his pain as 6 out of 10 without his medications, and 3 out of 10 with his medications. Treatment to date has included diagnostic studies, medications, lifestyle modifications, and status post 3 level fusions in 2007. His current medications include Hydrocodone 10-325mg, and Mobic 15mg. On 04-15-2015, a Magnetic Resonance Imaging of the lumbar spine showed post-surgical findings a L3-S1 laminectomy, posterior fixation and interbody fusion. There may be subsidence of the interbody graft at L3-L4 with delayed interbody fusion. Mild right neural foraminal narrowing at L3-4, and grade 2 anterolisthesis at L5-S1, possibly progressed with moderate bilateral neural foraminal stenosis and possible compression of the exiting L5 nerve roots. The RFA dated 08-15-2015 is requesting Ultrasound 2 times per month for 6 months, Traction 2 times per month for 6 months, Myofascial release 2 times per month for 6 months, Hydrocodone 10/325mg one q 6hr #120 and E-stim 2 times per month for 6 months. On 08-20-2015, the Utilization Review non-certified the requested treatment of Ultrasound 2 times per month for 6 months, Traction 2 times per month for 6 months, Myofascial

release 2 times per month for 6 months, Hydrocodone 10/325mg one q 6hr #120 and E-stim 2 times per month for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial release 2 times per month for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back, Physical Therapy.

Decision rationale: The California MTUS recommends 8-10 sessions of physical therapy for various myalgias or neuralgias. Guidelines recommend fading of treatment frequency with ultimate transition to a home exercise program. ODG Guidelines recommend six visit clinical trials of physical therapy, and close monitoring of tolerance and progress to determine if the individuals are making positive gains, no gains, or negative response to therapy. Within the submitted records, it is noted that the injured worker has reduced dorsolumbar range, and chronic pain in part due to failed lumbar surgical syndrome. However, the request for physical therapy to include myofascial release, e-stim, traction, and ultrasound treatments for 6 months grossly exceeds CA MTUS Guideline recommendations. This request cannot be supported. The request is not medically necessary.

E-stim 2 times per month for 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back, Physical Therapy.

Decision rationale: The California MTUS recommends 8-10 sessions of physical therapy for various myalgias or neuralgias. Guidelines recommend fading of treatment frequency with ultimate transition to a home exercise program. ODG Guidelines recommend six visit clinical trials of physical therapy, and close monitoring of tolerance and progress to determine if the individuals are making positive gains, no gains, or negative response to therapy. Within the submitted records, it is noted that the injured worker has reduced dorsolumbar range, and chronic pain in part due to failed lumbar surgical syndrome. However, the request for physical therapy to include myofascial release, e-stim, traction, and ultrasound treatments for 6 months grossly exceeds CA MTUS Guideline recommendations. This request cannot be supported. The request is not medically necessary.

Ultrasound 2 times per month for 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back, Physical Therapy.

Decision rationale: The California MTUS recommends 8-10 sessions of physical therapy for various myalgias or neuralgias. Guidelines recommend fading of treatment frequency with ultimate transition to a home exercise program. ODG Guidelines recommend six visit clinical trials of physical therapy, and close monitoring of tolerance and progress to determine if the individuals are making positive gains, no gains, or negative response to therapy. Within the submitted records, it is noted that the injured worker has reduced dorsolumbar range, and chronic pain in part due to failed lumbar surgical syndrome. However, the request for physical therapy to include myofascial release, e-stim, traction, and ultrasound treatments for 6 months grossly exceeds CA MTUS Guideline recommendations. This request cannot be supported. The request is not medically necessary.

Traction 2 times per month for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back, Physical Therapy.

Decision rationale: The California MTUS recommends 8-10 sessions of physical therapy for various myalgias or neuralgias. Guidelines recommend fading of treatment frequency with ultimate transition to a home exercise program. ODG Guidelines recommend six visit clinical trials of physical therapy, and close monitoring of tolerance and progress to determine if the individuals are making positive gains, no gains, or negative response to therapy. Within the submitted records, it is noted that the injured worker has reduced dorsolumbar range, and chronic pain in part due to failed lumbar surgical syndrome. However, the request for physical therapy to include myofascial release, e-stim, traction, and ultrasound treatments for 6 months grossly exceeds CA MTUS Guideline recommendations. This request cannot be supported. The request is not medically necessary.

Hydrocodone 10/325mg one q6h #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: The California MTUS guidelines allows for the use of opioid medication, such as Hydrocodone, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. Within the submitted records, there is lack of efficacy noted with the use of Hydrocodone, and on several clinic visits, it is noted that the plan

of care is to include reducing opioid use while up-titrating medicinal marijuana use as medicinal marijuana provides significant benefit and allows for reduction in the use of Opiates. Weaning should be continued. This request for ongoing Hydrocodone does not coincide with CA MTUS Guidelines and will be non-certified. The request is not medically necessary.