

Case Number:	CM15-0038021		
Date Assigned:	03/06/2015	Date of Injury:	11/23/1987
Decision Date:	04/20/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/27/2015

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: 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 75 year old male, who sustained an industrial injury on 11/23/1987. The mechanism of injury was not provided for review. Diagnoses include failed surgical back syndrome with intractable back pain, bilateral leg pain, status post analgesia intrathecal pump, chronic pain, depression, cerebrovascular accident and lymphedema. Treatments to date include intrathecal pain pump, acupuncture, physical therapy, and medication management. A progress note from the treating provider dated 1/12/2015 indicates the injured worker reported improved and stable low back pain with alternating right and left leg sciatica following a caudal to lumbar epidural steroid injection. The injured worker reports a recent fall in the parking garage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 18: Upheld

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

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

Decision rationale: Per the 01/12/15 report the patient presents with stable and previously intractable lower back pain with alternating right and left leg sciatica, with bilateral lower extremity lymphedema secondary to diabetes mellitus and cardiovascular disease. He is s/p recent fall on 01/06/15 just prior to a scheduled pump refill. He is s/p 9+ lumbar surgeries the last more than one year previously. The current request is for PHYSICAL THERAPY X 18. The RFA is not included. The report does not state if the patient is currently working. MTUS pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. There is no evidence the patient is within a post-surgical treatment period. The treating physician states this request is to document and treat the patient's weakness and with documented improvement treatment is to be renewed. It is unclear from this report how much prior physical therapy the patient has received; however, the treater does provide evidence of a new injury to the patient, and a course of physical therapy may be beneficial. However, the requested 18 sessions exceed what is allowed per the MTUS guidelines. Therefore, the request IS NOT medically necessary.

MSIR (unspecified dosage and quantity): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Per the 01/12/15 report the patient presents with stable and previously intractable lower back pain with alternating right and left leg sciatica, with bilateral lower extremity lymphedema secondary to diabetes mellitus and cardiovascular disease. He is s/p recent fall on 01/06/15 just prior to a scheduled pump refill. He is s/p 9+ lumbar surgeries the last more than one year previously. The current request is for: MSIR UNSPECIFIED DOSAGE AND QUANTITY. This medication is Morphine Sulfate. The RFA is not included. The 02/03/15 utilization review references only one request for MSIR. Under description of the proposed medical treatment for which authorization is requested Item 2 is listed as MSIR unspecified. Under medical treatment service approved if any, MSIR 30 mg #300 is listed. The UR states this was the previously approved dosage and quantity. Apparently a request for MSIR has been certified, and it unclear why it has been submitted for Independent Medical Review. The RFA is not included. The report does not state if the patient is currently working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided show the patient has been prescribed this medication since at least 05/29/14 and its use is for breakthrough pain. The 01/12/15 report states the patient presents with decreased pain rated 5/10. Pain is usually 7-9/10. This report further states the patient had used very little oral morphine less than one every other day but ran out of the medication 2 months previously. The treating physician states that the

patient has been stable on intrathecal infusate and oral medications for a considerable period of time, but he does have periods when pain is so intense he cannot leave his bed for weeks and even oral opiates are ineffective in treating his pain. The patient requires substantial assistance for his ADL's. There is no evidence of side effects or noncompliance with use of medications. In this case, however, lacking a clear statement of dosage and quantity, the request IS NOT medically necessary.