

Case Number:	CM15-0049624		
Date Assigned:	03/23/2015	Date of Injury:	04/04/2006
Decision Date:	05/14/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/16/2015

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 58-year-old female who reported an injury on 04/04/2006. The mechanism of injury was not provided in the medical records. The injured worker's diagnoses included major depressive disorder, recurrent episode, moderate; and psychogenic pain, site unspecified. The injured worker's past treatment included a cane and pain medication. The injured worker's diagnostic testing included an unofficial x-ray of the lumbar spine, dated 10/02/2014, which revealed severe degenerative disc disease and disc space collapse at L4-5; there was a small lateral listhesis. An unofficial CT scan of the lumbar spine dated 08/14/2014 revealed postsurgical changes from L2-4, lumbar decompression, and instrumented fusion; there was no evidence of hardware failure; there was a mild degenerative lumbar scoliosis measuring 16 degrees from L2 to the top of L5; at the L4-5, there was central canal stenosis caused by degenerative disc disease, which caused moderate bilateral neural foraminal narrowing and possible impingement of the L4 nerve roots bilaterally. An unofficial MRI of the lumbar spine, performed on 07/26/2013, confirmed severe degenerative disc disease at L4-5, with ligamentous and facet hypertrophy resulting in moderate central canal stenosis with moderate bilateral neural foraminal stenosis. The injured worker's surgical history included L2-4 posterior fusion in 2006. The injured worker's medications were not provided in the medical records. The request was for 8 physical therapy sessions, Norco 10/325 mg #90, Norco 10/325 mg #90 DNF until 03/30/2015, and TENS unit trial. A Request for Authorization form was submitted on 03/09/2015. However, the rationale was not provided for the requested treatment. The evaluation performed on 02/12/

2015 indicated the injured worker had complaints of constant achy, dull, and sharp mid back and lower back pain. The injured worker reported numbness and tingling to the right leg and foot. The injured worker had difficulty with standing, sitting, weight bearing activities, bending at waist, and overhead activities. The injured worker was noted to have a decreased range of motion and strength of the lumbar spine at +3/5. The evaluation performed on 03/02/2015 indicated the injured worker had a previous urine drug screen performed on 11/05/2014, which was noted to be consistent with the prescribed analgesics, without any evidence of illicit drug use. The injured worker continued to experience chronic low back pain with radiation to the back of both legs. The pain increased with physical activity, and she tried to avoid any aggravating factors. She was undergoing physical therapy, which helped provide immediate pain relief. She reported that the numbness in her legs and mobility had improved with physical therapy treatment. The injured worker was taking Norco 3 tablets daily, which helped bring her pain down from 8/10 to 9/10, to 3/10 to 4/10, which was tolerable. She took naproxen as needed for severe pain. The medications enabled her to walk for 10 minutes, sleep, and do activities of daily living with assistance. She still felt very limited with her activities. She admitted to occasional abdominal upset related to medication use. On the physical examination, there was moderate tenderness to palpation of the lumbar paraspinals. There was limited range of motion to the lumbar spine in flexion and extension. She grimaced at the ends of range. Strength and sensation to the lower limbs were normal. Straight leg raising test was positive on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy sessions: Upheld

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

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

Decision rationale: According to the California Guidelines, physical therapy allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine in the condition of myalgia and myositis, unspecified, at 9-10 visits over 8 weeks and neuralgia, neuritis, and radiculitis, unspecified at 8 to 10 visits over 4 weeks. The documentation submitted for review indicated the injured worker demonstrated mild improvement in strength, range of motion, and tolerance to ADLs, as well as reported mild improvement in pain symptoms with treatment. However, the documentation failed to provide objective functional gains made with previous physical therapy. Additionally, the number of sessions completed to date was not provided. Therefore, the request is not supported. Given the above, the request for 8 physical therapy sessions is not medically necessary.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 124.

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, and the 4 As for ongoing monitoring which include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation submitted for review failed to provide an objective increase in function with the use of opioid analgesics; whether there had been reported adverse effects of aberrant drug taking behaviors. Therefore, the continued use is not supported. Given the above, the request for Norco 10/325 mg #90 is not medically necessary.

Norco 10/325mg #90 DNF until 3/30/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 124.

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, and the 4 As for ongoing monitoring which include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation submitted for review failed to provide an objective increase in function with the use of opioid analgesics; whether there had been reported adverse effects of aberrant drug taking behaviors. Therefore, the continued use is not supported. Therefore, the request for Norco 10/325 mg #90 is not medically necessary.

TENS unit trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 113-114.

Decision rationale: According to the California MTUS Guidelines, a 1 month trial period of a TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. The documentation submitted for review indicated the injured worker had complaints of constant pain to the lower back. However, the documentation failed to provide evidence the requested TENS unit trial would be used as an adjunct to ongoing treatment modalities within a functional restoration approach. Additionally, the request as submitted failed to provide the

duration of the requested trial. Therefore, the request is not supported. Given the above, the request for a TENS until trial is not medically necessary.