

Case Number:	CM15-0075574		
Date Assigned:	04/27/2015	Date of Injury:	11/10/2011
Decision Date:	05/27/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/20/2015

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 46 year old male, who sustained an industrial injury on 11/10/2011. Diagnoses have included degenerative disc disease of the lumbar spine, lumbar radiculopathy, lumbar stenosis and left knee arthralgia. Treatment to date has included acupuncture, chiropractic treatment, epidural steroid injection, lumbar surgery and medication. According to the progress report dated 2/26/2015, the injured worker complained of ongoing low back and left leg symptoms rated 5/10 on the pain scale. He reported improvement after microlumbar decompression surgery on the left done on 1/13/2015. He continued to follow with an orthopedic specialist for his left knee. Physical exam revealed that the surgical site was clean, dry and intact. Authorization was requested for chiropractic therapy, ongoing general orthopedic follow ups and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy (12-sessions, 2 times a week for 6-weeks): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy Page(s): 58-59.

Decision rationale: The patient presents with low back pain radiating to lower extremity rated 3-4/10. The request is for CHIROPRACTIC THERAPY (12 SESSIONS, 2 TIMES A WEEK FOR 6 WEEKS). The request for authorization is dated 03/26/15. The patient is status-post left microlumbar decompression, 01/13/15. MRI of the lumbar spine, 08/15/14, shows DDD and facet arthropathy with dextroscoliosis and retrolisthesis L3-L4 and L4-L5. MRI of the left knee, 10/28/14, shows a small knee joint effusion. EMG/NCS of the bilateral lower extremities, 07/15/14, is read as normal. Physical examination of the spine reveals the surgical site is clean, dry, and intact. Lumbar range of motion is decreased. Neurologic examination reveals sensation decreased over medial left knee s/p knee injury. He is currently doing his own PT at home. He has had 24 sessions of acupuncture with good relief. He has had 24 sessions of chiropractic with temporary relief. He has had 4 epidural injections of the lumbar spine, which did not provide good relief. He says the Norco helps decrease his pain by about 50-60% and allows him to increase his walking distance by about 20 minutes. He denies side effects with medication use. The patient's medications include Norco, Flexeril and Prilosec. Per progress report dated 03/26/15, the patient is temporarily partially disabled. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. For manual therapy, the MTUS guidelines on page 59 states, "Delphi recommendations in effect incorporate two trials, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits (for a total of up to 24)." Per progress report dated 03/26/15, treater's reason for the request is "This should be started as soon as possible as the patient is now six weeks post op." However, review of provided medical records shows the patient has already had 24 previous sessions. And the treater does not provide discussion of objective functional improvement, decrease in pain and improvement of quality of life. Furthermore, the request for 12 additional sessions of chiropractic therapy would exceed MTUS guidelines. Therefore, the request IS NOT medically necessary.

Ongoing General Ortho Follow-Ups: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: The patient presents with low back pain radiating to lower extremity rated 3-4/10. The request is for ONGOING GENERAL ORTHO FOLLOW-UPS. The request for authorization is dated 03/26/15. The patient is status-post left microlumbar decompression, 01/13/15. MRI of the lumbar spine, 08/15/14, shows DDD and facet arthropathy with

dextroscoliosis and retrolisthesis L3-L4 and L4-L5. MRI of the left knee, 10/28/14, shows a small knee joint effusion. EMG/NCS of the bilateral lower extremities, 07/15/14, is read as normal. Physical examination of the spine reveals the surgical site is clean, dry, and intact. Lumbar range of motion is decreased. Neurologic examination reveals sensation decreased over medial left knee s/p knee injury. He is currently doing his own PT at home. He has had 24 sessions of acupuncture with good relief. He has had 24 sessions of chiropractic with temporary relief. He has had 4 epidural injections of the lumbar spine, which did not provide good relief. He says the Norco helps decrease his pain by about 50-60% and allows him to increase his walking distance by about 20 minutes. He denies side effects with medication use. The patient's medications include Norco, Flexeril and Prilosec. Per progress report dated 03/26/15, the patient is temporarily partially disabled. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Per progress report dated 03/26/15, treater's reason for the request is "with [REDACTED] for his ongoing knee complaints." It would appear that the current treater feels uncomfortable with the patient's medical issues and has requested a neurological consultation. Given the patient's condition, the request for a consultation appears reasonable. Therefore, the request IS medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-90.

Decision rationale: The patient presents with low back pain radiating to lower extremity rated 3-4/10. The request is for NORCO 10/325MG #120. The request for authorization is dated 03/26/15. The patient is status-post left microlumbar decompression, 01/13/15. MRI of the lumbar spine, 08/15/14, shows DDD and facet arthropathy with dextroscoliosis and retrolisthesis L3-L4 and L4-L5. MRI of the left knee, 10/28/14, shows a small knee joint effusion. EMG/NCS of the bilateral lower extremities, 07/15/14, is read as normal. Physical examination of the spine reveals the surgical site is clean, dry, and intact. Lumbar range of motion is decreased. Neurologic examination reveals sensation decreased over medial left knee s/p knee injury. He is currently doing his own PT at home. He has had 24 sessions of acupuncture with good relief. He has had 24 sessions of chiropractic with temporary relief. He has had 4 epidural injections of the lumbar spine, which did not provide good relief. He says the Norco helps decrease his pain by about 50-60% and allows him to increase his walking distance by about 20 minutes. He denies side effects with medication use. The patient's medications include Norco, Flexeril and Prilosec. Per progress report dated 03/26/15, the patient is temporarily partially disabled. 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. MTUS p90, maximum dose for Hydrocodone, 60mg/day. Per progress report dated 03/26/15, treater's reason for the request is "to be taken up to four times a day prn severe pain." The patient has been prescribed Norco since at least 06/12/14. Treater discusses how Norco significantly improves patient's activities of daily living with specific examples of ADL's, such as allowing him to increase his walking distance by about 20 minutes. Analgesia is discussed,

specifically showing pain reduction of 50- 60% with use of Norco. And no side effects with medication use are documented. However, no validated instrument is used to show functional improvement. Additionally, there is no documentation or discussion regarding aberrant drug behavior. Furthermore, there is no UDS, CURES or opioid pain contract. MTUS requires appropriate discussion of the 4A's, and in addressing the 4A's, treater discusses some but not all of the 4A's as required by guidelines. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.