

Case Number:	CM13-0012172		
Date Assigned:	03/19/2014	Date of Injury:	04/16/2013
Decision Date:	04/09/2014	UR Denial Date:	08/03/2013
Priority:	Standard	Application Received:	08/16/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 42-year-old male with a 4/16/13 date of injury. At the time of request for authorization for 9 physical therapy sessions and 1 prescription of Trazodone 50MG, there is documentation of subjective (thoracic spine pain, overall improving), objective (pain in the thoracolumbar region, from T7 down to L1, pain worse with hyperextension, right lateral rotation, and facet loading) findings, current diagnoses (thoracic spine strain), and treatment to date (PT (8 visits of 5/20/13 (per 5/20/13 PT (physical therapy) Progress Note), HEP, medications, and activity modification). 5/20/13 PT progress note identifies improvement in range of motion (ROM) with previous therapy. Regarding the requested 9 physical therapy sessions, there is documentation of at least 8 PT visits completed as of 5/20/13, with which the proposed 9 physical therapy visits would exceed PT guidelines, and no documentation of exceptional factors to justify exceeding guidelines. Regarding Trazodone 50MG, there is no documentation of a trial of first-line agent tricyclic antidepressants.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical Therapy, and Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations,

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services (objective improvement with previous treatment). The Official Disability Guidelines (ODG) recommends a limited course of physical therapy for patients with a diagnosis of back strain not to exceed 10 visits over 8 weeks. The ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of thoracic spine strain. In addition, there is documentation of at least 8 physical therapy (PT) visits completed as of 5/20/13, with which the proposed 9 physical therapy visits would exceed PT guidelines. Furthermore, there is no documentation of functional deficits, functional goals, and exceptional factors to justify going outside of guideline parameters. Therefore, based on guidelines and a review of the evidence, the request for 9 physical therapy sessions is not medically necessary

1 PRESCRIPTION OF TRAZADONE 50MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Antidepressants for chronic pain, Page(s): 13-14. Decision based on Non-MTUS Citation www.drugs.com.

Decision rationale: Trazodone is identified as a tetracyclic antidepressant. The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. In addition, MTUS identifies tricyclic antidepressants as first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Within the medical information available for review, there is documentation of diagnoses of thoracic spine strain. However, there is no documentation of a trial of first-line agents (tricyclic antidepressants). Therefore, based on guidelines and a review of the evidence, the request for Trazodone 50MG is not medically necessary.

