

Case Number:	CM13-0033052		
Date Assigned:	12/13/2013	Date of Injury:	12/22/2008
Decision Date:	03/17/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

The patient is a 27-year-old female who reported an injury on 12/22/2008 after she slipped on a wet floor and landed on her backside. The patient was most recently seen on 09/23/2013 with complaints of low back tenderness in the paralumbar region, mild spasms in the paralumbar region, and painful range of motion. At the time of this examination, the patient rated her lower back pain on a scale of 6/10 with intermittent localized pain in the lumbar area, which is aggravated with activities such as turning, twisting, pushing, pulling, and lifting. She further states that the pain in her lower back radiates to the buttocks and sometimes to the left leg. The patient was recommended for physical therapy, and was prescribed tramadol 1 by mouth every 12 hours and naproxen 550 mg 1 by mouth 2 times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 2 sessions: Upheld

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

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

Decision rationale: The California MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The patients are allowed 9 visits to 10 visits over 8 weeks for myalgia and myositis unspecified, and 8 visits to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis unspecified. The treatment is set to allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. According to the documentation, the physician requested physical therapy 2 times a week for 4 weeks as of 09/23/2013. However, there are no documentations indicating the patient has participated in any of these mentioned sessions. Furthermore, there are no objective measurements pertaining to any functional improvement the patient may have gained from the treatments. Therefore, without have sufficient information regarding the previous request for physical therapy, the present request for physical therapy 2 sessions cannot be warranted at this time. As such, the requested service is non-certified.

Tramadol 50 mg, 20 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, & 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The California MTUS states that tramadol is a synthetic opioid affecting the central nervous system. It may increase the risk of seizures, especially in patients taking SSRIs (selective serotonin re-uptake inhibitors), TCAs (tricyclic antidepressants), and other opioids. Tramadol is not recommended as a first line oral analgesic and is indicated for moderate to severe pain. In the case of this patient, the most recent clinical documentation is dated 09/23/2013. Without having a current comprehensive physical examination to include objective measurements, the medical necessity for tramadol as a treatment modality for moderate to severe pain cannot be established. Furthermore, without having current documentation, there is also no current medication list with which to compare the patient's medication regimen to. Therefore, the request for Tramadol 50 mg, 20 tablets cannot be warranted at this time. As such, the requested service is non-certified