

Case Number:	CM13-0034388		
Date Assigned:	06/13/2014	Date of Injury:	05/24/2013
Decision Date:	08/07/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/08/2013

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:

The injured worker is a 46-year-old male who reported an injury on 05/24/2013, with the mechanism of injury not cited within the documents provided. In the clinical note dated 08/12/2013, the injured worker was being seen for pain in his lumbar spine. It was noted that the injured worker had been taking Lodine 3 times a day with improvement in pain level status from 5/10 to 3/10 after the use of the medications. It was also annotated that the injured worker had a total of 9 sessions of physical therapy of which helped him. Prior treatments included physical therapy, prescribed medications, and home exercise. The physical examination of the lumbar spine revealed limited range of motion. There was also tenderness upon palpation of the paraspinal muscles and hypertonicity bilaterally. It was noted there was a positive Kemp's test bilaterally, and a straight leg raise test was positive at 60 degrees, radiating down to the posterior thigh bilaterally. An unofficial MRI of the lumbar spine dated 06/26/2013 revealed a combination of degenerative disc disease, facet hypertrophy, and ligamentum flavum redundancy, contributed to mild to moderate bilateral L4-5 and L5-S1 neural foraminal narrowing. This causes mild deformity of the exiting L4 and L5 nerve roots. There was also moderate left and mild right L4-5 lateral recess narrowing. This caused compression of the transiting left and mild effacement of the transiting right L4 nerve roots; additional mild effacements of the transiting S1 nerve roots at the L4-S1 level. There was also a laterally-directed disc, and osteophyte disease mildly effaces the exiting right L5 nerve root in the extraforaminal zone; and right lateral recess to foraminal focal disc protrusion at T11-12. This likely effaces the ventral cord without canal stenosis. The diagnoses included lumbar stenosis at L4-5 and L5-S1. The treatment plan included continuation of physical therapy and a request for additional therapy. There was also a request for a trial of the TENS unit as an adjunct to physical therapy to provide functional restoration as a non-invasive conservative option, and Ultram to the

injured worker's Lodine, since Lodine is not controlling all of the injured worker's pain. The request for physical therapy and TENS unit for the diagnosis of lumbar stenosis at L4-5 and L5-S1 was submitted on 08/12/2013, and the Request for Authorization for Ultram for the diagnosis of lumbar stenosis at L4-5 and L5-S1 was submitted on 08/12/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X 4 WEEKS OF THE LUMBAR SPINE: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines may support 8 to 10 visits of physical therapy to provide instruction in a home exercise program and promote functional gains, for injured workers with neuralgia, neuritis, or radiculitis. In the clinical notes provided for review, it is indicated that the injured worker is participating in physical therapy; however, there is a lack of documentation of the progress and efficacy of the sessions attended. There is also a lack of documentation of measurable range of motion. Furthermore, the guidelines only recommend 8 to 10 visits over 4 weeks of physical therapy. Therefore, the request for Physical therapy two times four weeks of the lumbar spine is not medically necessary and appropriate.

ULTRAM (TRAMADOL 150 MG) #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, page(s) 80, Opioids, specific drug list, page(s) 93-94 Page(s): 80, 93-94.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that opioids for chronic back pain appear to be efficacious, but limited for short-term pain relief, and long-term efficacy is unclear (greater than 16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of re-assessment and consideration of alternative therapy. Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is not classified as a controlled substance by the Drug Enforcement Administration. Tramadol is indicated for moderate to severe pain. The immediate release formulation is recommended at a dose of 50 to 150 mg by mouth every 4 to 6 hours (not to exceed 400 mg per day). In the clinical notes provided for review, it is annotated that the Lodine tablets that the injured worker has been taking has been providing pain relief. Furthermore, the request lacks the frequency at which the prescribed medication is to be taken. Additionally, the

dosage exceeds the recommended dosage of 100 mg. Therefore, the request for Ultram (tramadol 150 mg) #120 is not medically necessary and appropriate.

TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS), page(s) 114-116 Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that a TENS unit is not recommended as a primary treatment modality, but a 1-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The criteria for the use of TENS includes documentation of pain of at least 3 months' duration; evidence that other appropriate pain modalities have been tried, including medication, and failed; a 1 month trial period of 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; other ongoing pain treatments should also be documented during the trial period including medication usage; a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. In the clinical notes provided for review, there is a lack of documentation of failed pain modalities such as medications and physical therapy, and a treatment plan to include short and long-term goals. There is also a lack of documentation of the duration of the use of the TENS unit. Furthermore, there is also a lack of documentation of the progress of the injured worker's participation in physical therapy. Therefore, the request for transcutaneous electrical nerve stimulation (TENS) unit is not medically necessary and appropriate.