MAXIMUS Federal Services

| Case Number: | CM13-0040369 | | |
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| Date Assigned: | 12/20/2013 | Date of Injury: | 09/12/2012 |
| Decision Date: | 03/26/2014 | UR Denial Date: | 10/02/2013 |
| Priority: | Standard | Application Received: | 10/29/2013 |

## 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 Family Practice, and is licensed to practice in Texas. 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 39-year-old male who reported an injury on 09/12/2012 after he tried to roll a barrel that weighed approximately 400 pounds and reportedly sustained an injury to his low back. The patient was conservatively treated with physical therapy and epidural steroid injections. The patient's chronic pain was managed with Norco and Motrin 800 mg. The patient's most recent clinical examination documented that the patient had tenderness to palpation along the paraspinal musculature with decreased range of motion secondary to pain and decreased reflexes of the left knee with a positive straight leg raise test to the left. The patient's diagnoses included L5-S1 degenerative disc disease and right lumbar radiculopathy. The patient's treatment plan included prescription of Ultram 550 mg in leu of Norco and referral to pain management.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**Decision rationale:** California Medical Treatment Utilization Schedule recommends medications be prescribed from a single treating physician. The clinical documentation submitted for review does provide evidence that the patient is receiving opioids from 2 different physicians. Additionally, prior to initiation of an opioid, the patient should submit to a urine drug screen. The clinical documentation submitted for review does not provide any evidence that the patient has undergone a urine drug screen prior to initiation of this medication. Additionally, The clinical documentation does indicate that the patient is receiving medication from 2 different physicians. This behavior is not supported by California Medical Treatment Utilization Schedule. Therefore, the use of Ultram 50 mg #60 is not medically necessary or appropriate.

**pain management consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG) Low Back Chapter, Section on Evaluation and Management (E&M).

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

**Decision rationale:** The requested pain management consultation is not medically necessary or appropriate. California Medical Treatment Utilization Schedule supports referral to pain management when all diagnostic and therapeutic management has been exhausted within the treating physician's scope of practice. The clinical documentation submitted for review does not provide any evidence that the referring physician who examined the patient on 10/22/2013 has exhausted all diagnostic and therapeutic management measures. Therefore, referral to a pain management specialist would not be indicated at this time. As such, the requested pain management consultation is not medically necessary or appropriate.

**Physical Therapy (PT) three (3) times a week for six (6) weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Chapter on Low Back.

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

**Decision rationale:** The clinical documentation submitted for review does indicate the patient has previously participated in physical therapy. California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during supervised skilled therapy. The clinical documentation submitted for review does not provide any evidence that the patient is participating in a home exercise program. Therefore, 1 to 2 physical therapy visits to re-establish and re-educate the patient in an independent exercise program would be appropriate. The requested 18 additional

physical therapy visits is excessive. As such, the requested physical therapy 3 times a week for 6 weeks for the lumbar spine is not medically necessary or appropriate.

**consultation with a spine surgeon for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**Decision rationale:** The requested consultation with a spine surgeon for the lumbar spine is not medically necessary or appropriate. American College of Occupational and Environmental Medicine recommends surgical consultation for patients with clear indication on physical examination and upon an imaging study of a lesion that would benefit from surgical intervention. The clinical documentation submitted for review does not contain an imaging study that would support the need for surgical intervention. Although the patient does have severe chronic low back pain radiating into the lower extremities that has failed to respond to conservative treatments, the request would need to be supported by an imaging study. As such, the requested consultation with a spine surgeon for the lumbar spine is not medically necessary or appropriate.