MAXIMUS Federal Services

| Case Number: | CM13-0048561 | | |
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| Date Assigned: | 12/27/2013 | Date of Injury: | 05/21/2013 |
| Decision Date: | 02/26/2014 | UR Denial Date: | 10/25/2013 |
| Priority: | Standard | Application Received: | 11/06/2013 |

## 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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 48 yo male who sustained an industrial injury on 03/21/2013. He fell from a ladder hitting his head and injuring his head, neck and lower back. His diagnoses include cervical strain, cervical disc disease, lumbar strain with herniated nucleus pulposus, cerebral contusion, and right lateral epicondylitis. On exam he has decreased range of motion in the cervical spine with tightness in the paraspinal musculature. He also has pain with range of motion of the lumbar spine. He is treated with medical therapy and epidural steroid injection therapy has been requested. The treating provider has requested Internal Medicine surgical clearance, physical therapy three times per week #18, Ultram, and Prilosec.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**internal medicine surgical clearance, lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.guidelines.gov/content.aspx?id=24226&search=pre-op+clearance

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines or Medical Evidence: Medscape Internal Medicine 2012- Medical Clearance for Surgery

**Decision rationale:** There is no specific indication for surgical clearance at this time. The claimant has a history of diabetes but there were no subjective and objective findings documented in the clinical records submitted. The claimant has L3 radiculopathy with sensory/motor deficits documented with nerve conduction abnormalities. The actual surgical procedure has not been defined in the medical records. At this time medical necessity for the requested service has not been established. The requested service is not medically necessary.

**Physiotherapy, three times weekly, lumbar spine, QTY: 18.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

**Decision rationale:** Per California MTUS Treatment Guidelines 2009, physical therapy is indicated for the treatment of chronic low back pain. Recommendations state that for most patients with more severe acute and subacute low back pain conditions 8 to 12 visits over a period of over 6 to 8 weeks is indicated as long as functional improvement and program progression are documented. 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. In this case there is a lack of physical exam findings or deficits documented that would support medical necessity for the requested physical therapy sessions. Medical necessity for the requested 8 physical therapy sessions has not been established. The requested service is not medically necessary.

**1 prescription of Ultram 150mg, quantity unspecified:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93 and 94-96.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93 and 94-96.

**Decision rationale:** The review of the medical documentation indicates that the requested medication, Ultram is not medically necessary and indicated for the treatment of the claimant's chronic pain condition. Per California MTUS, Ultram (Tramadol) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and

no clear documentation that he has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of his chronic pain syndrome. Medical necessity for the requested item has not been established. The requested treatment is not medically necessary