MAXIMUS Federal Services

Case Number:	CM13-0053661		
Date Assigned:	12/30/2013	Date of Injury:	06/14/2013
Decision Date:	06/19/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/18/2013

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, has a subspecialty in Interventional Spine 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 patient is a 46 year-old female who was injured on 6/14/13 when she was pushing a heavy cardboard carton. The Doctor's First Report on 6/14/13, from [redacted], states the patient strained her upper back and had 8/10 pain. The patient reported pain in the left arm and under the ribs. The 7/9/13 report from [redacted] states she has not improved significantly, she had 6/10 pain in the mid back, and was working modified duty, and awaiting chiropractic care. By 7/15/13 she has worse pain with a chiropractic treatment. Pain was still mid back, left arm and now with neck pain. On 8/9/13, [redacted] (orthopedic surgery) takes over as PTP and notes the patient now lower back pain radiating down the left leg, and there was intermittent right leg pain, as well as the thoracic spine and left arm pain. According to the 9/20/13 report, the patient presents with lumbar spine pain. Her diagnoses were acute left shoulder strain, r/o rotator cuff tear; acute cervicothoracic strain, r/o disc herniation, bilateral forearm pain; and acute lumbar strain with right lower extremity radicular pain. The plan was for additional PT 2x4 for the lumbar spine, and to refill tramadol and BioTherm. On 10/24/13 UR denied PT for the lumbar spine, stating the patient had 6-sessions with unknown outcomes; denied Ultram, because there were not pain scores listed; denied Bio-Therm because there was no mention of trial of anticonvulsants or antidepressants.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X4 LUMBAR SPINE: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Medical Treatment Guidelines, pg 98-9 of 127, : Physical Medicine Recommended as indicate.

Decision rationale: According to the 9/20/13 orthopedic report from [redacted], the patient presents with lower back pain. He requested PT 2x4. UR states there was 6 sessions of PT already provided. However, on reviewing the records, [redacted] first report was 8/9/13 and states the patient had PT with minimal results. Prior to 8/9/13, the patient only had pain in the left shoulder/arm and upper back/ribs. There were no complaints of lower back pain until 8/9/13. The prior treatment was from [redacted], and they provided about 3 sessions of chiropractic care for the mid back, that made the pain worse and extended it to the cervical spine. [redacted] referred to PT for the mid back prior to [redacted] taking over case management. On 9/20/13, [redacted] says the patient reported 6 sessions of PT for the low back, but this is not consistent with the prior reports. There is also a note that the claim for the neck,mid back and left shoulder has been denied. The patient does not appear to have had PT for the lumbar region. MTUS recommends 8-10 sessions of PT for various myalgias or neuralgias. The request for PT x8 for the lumbar spine is in accordance with MTUS guidelines. Therefore, the request is medically necessary.

RETROSPECTIVE: ULTRAM 50MG #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, p113 Tramadol (Ultram®) Tramadol.

Decision rationale: The patient presents with low back pain radiating down the right leg, as well as left shoulder and mid back pain. On 9/20/13, the provider states tramadol helped with pain and recommeded refilling it. On reviewing the records, the patient has tried Tylenol and Relafen. [redacted] first tried Ultracet and the patient's pain level was 8/10 in the mid back and on follow-up, the pain levels were in the 6/10 range from 6/14/13 to 7/9/13. MTUS for opioids and neuropathic pain states:" Opioid analgesics and Tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs)." The use of tramadol appears to be in accordance with MTUS guidelines. Therefore, the request is medically necessary.

RETROSPECTIVE BIO-THERM 4OZ: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines <Insert Section>, page(s) <Insert MTUS, pg 111-113 To.

Decision rationale: The patient presents with low back pain radiating down the right leg, as well as left shoulder and mid back pain. MTUS for topical analgesics states these are:" Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Utilization Review is correct, in that there is no documentation of trials of antidepressants or anticonvulsants in the medical records from 6/14/13 to 9/20/13. The use of topical analgesics without trials of antidepressants or anticonvulsants is not in accordance with MTUS guidelines. Therefore, the request is not medically necessary.