

<b>Case Number:</b>	CM13-0058407		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/20/2013
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Pain Management, 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:

This patient is a 74-year-old female with date of injury of February 20, 2013. Per treating physician's report on October 28, 2013, the presenting complaints are low back pain, right lower extremity pain, cervical and thoracic pain. Listed diagnoses are foraminal stenosis at left C3-C4, C4-C5 and right side at C5-C6, retrolisthesis at C4-C5, L4 and L5 radiculopathy with positive electrodiagnostic studies, facet arthropathies at L4-L5 and spondylolisthesis. Under treatment discussion, recommendation was for continuation of chiropractic treatments of the lumbar spine, which helps diminish the axial low back pain. The request was also for outpatient aqua therapy for lumbar and cervical spine 6 sessions with instructor, and 3-month access thereafter, self-guided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CHIROPRACTIC TREATMENT FOR THE LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58, 59.

**Decision rationale:** This patient presents with chronic neck and low back pains. There is a request for continued chiropractic treatments. In fact, the reports from October 7 and October 28, 2013, both request "continued chiropractic care". The Chronic Pain Medical Treatment Guidelines allow up to eighteen sessions of chiropractic treatments after initial three to six sessions show functional improvement. For ongoing maintenance chiropractic treatments, one or two session every 4 months are allowed if the patient has returned to work. In this case, the treating physician does not specify how many chiropractic treatments this patient has had. The treater does not specify how many chiropractic treatments he is asking for. The Chronic Pain Medical Treatment Guidelines do not support ongoing treatments on a monthly basis. Maximum of eighteen sessions are allowed with functional improvement. The request for a chiropractic treatment for the lumbar spine is not medically necessary or appropriate.

### **AQUATIC PHYSICAL THERAPY 6 VISITS, PLUS 3 MONTH ACCESS**

**THEREAFTER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 22, 98-99.

**Decision rationale:** This patient presents with chronic neck and low back pains. The request is for aquatic physical therapy, six sessions, plus three months access to the pool exercises. The Chronic Pain Medical Treatment Guidelines support aquatic therapy for situation where weightbearing exercises are a problem such as in extreme obesity. In this patient, there is no documentation that the patient is extremely obese nor is there indication that the patient is not able to bear weight due to medical issues. While aquatic exercises are desirable at times, the Chronic Pain Medical Treatment Guidelines under exercise does not differentiate one type of exercise over another as being more or less beneficial. Furthermore, ODG Guidelines do not consider gym membership as a medical prescription unless home exercise programs fail and there is a need for special equipment. In this case, there is no evidence that the patient is not able to benefit from home exercises just as well as from aquatic exercises. Treating physician reports on October 28, 2013 that physical therapy has not been helpful. While a short course of aquatic therapy may be indicated, there is no evidence that the patient is not able to tolerate land-based therapy. The request for a aquatic therapy, six sessions, plus three months of access thereafter, is not medically necessary or appropriate.

**TRAMADOL ER 150MG, SIXTY COUNT:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol/Opioids Section Page(s): 75, 93 - 94.

**Decision rationale:** According to the October 28, 2013 progress note from [REDACTED], the patient presents with 8/10 low back pain with right lower extremity symptoms. Neck pain is 7/10 and 6/10 thoracic pain. [REDACTED] states the tramadol decreased the pain level by 5 points. The Chronic Pain Medical Treatment Guidelines states: "Central analgesics drugs such as Tramadol (Ultram<sup>®</sup>) are reported to be effective in managing neuropathic pain." The records show the patient had tried other first line treatment before tramadol. The request for tramadol appears to be in accordance with Chronic Pain Medical Treatment Guidelines. The request for a Tramadol ER 150mg, sixty count, is medically necessary or appropriate.

**CYCLOBENZAPRINE 7.5MG, NINETY COUNT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain)/Antispasmodics Page(s): 63-66.

**Decision rationale:** The patient has chronic neck and back pain with radicular symptoms. I have been asked to review for cyclobenzaprine. Records show the patient has been on cyclobenzaprine since at least April 22, 2013. The Chronic Pain Medical Treatment Guidelines specifically states cyclobenzaprine is not recommended for use over three weeks. The request for use of cyclobenzaprine for use over six months is not in accordance with the Chronic Pain Medical Treatment Guidelines. The request for a Cyclobenzaprine 7.5 mg, ninety count, is not medically necessary or appropriate.

**NAPROXEN 550MG, NINETY COUNT:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

**Decision rationale:** The patient presents with chronic neck and back pain. The October 28, 2013 report states the naproxen helps bring the pain level down three points on a 0-10 scale. It notes the naproxen helps with the dull achy pain, and the tramadol helps the sharp pain. The states, "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The physician documented decreased pain and improved function with household duties, shopping and caring for himself. This is a satisfactory response according to the Chronic Pain Medical Treatment Guidelines definition. The request appears to be in accordance with Chronic Pain Medical Treatment Guidelines. The request for Naproxen 550 mg, ninety count, is medically necessary and appropriate.

**(TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION) TENS UNIT SIXTY DAY HOME TRIAL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Intractable Pain Page(s): 114-121.

**Decision rationale:** The patient has neck and back pain and neuropathic pain. I have been asked to review for a sixty day TENS rental. The Chronic Pain Medical Treatment Guidelines criteria for TENS states a one month trial of TENS should be documented as an adjunct to ongoing treatment modalities. The request for a two month rental will exceed the Chronic Pain Medical Treatment Guidelines recommended trial period. The request for a TENS unit sixty day home trial is not medically necessary or appropriate.