

Case Number:	CM14-0014344		
Date Assigned:	02/26/2014	Date of Injury:	01/21/2013
Decision Date:	06/30/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/04/2014

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 & 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:

According to the records made available for review, this is a 38-year-old male with a 1/21/13 date of injury,. At the time (1/14/14) of request for authorization for Tramadol 50 mg #60, physical therapy 2x4 (8) to lumbar/sacral, and Pain Management consultation for lumbar spine, there is documentation of subjective (low back pain rated 6/10) and objective (lumbar spine tenderness to palpation over the paraspinal muscles, and limited range of motion with pain) findings, current diagnoses (lumbar spine herniated nucleus pulposus, status post L1 through L4 transverse fracture), and treatment to date (acupuncture, activity modification, epidural steroid injection, facet blocks, physical therapy (reported as helpful in reducing back pain), and medications (including Tramadol since at least 7/2/13)). The number of physical therapy visits completed to date cannot be determined. 1/2/14 medical report identifies a request for consultation with Pain Management specialist for evaluation of non-surgical options of his lumbar spine. 10/3/13 medical report identifies that the patient has subjective improvement in terms of pain, and objective improvement in terms of tenderness, and appears to have benefited from current medication regimen. Regarding the requested Tramadol 50 mg #60, there is no documentation that the prescriptions are from a single practitioner and are taken as directed and that the lowest possible dose is being prescribed, moderate to severe pain, and that Tramadol is used as a second line. Regarding the requested physical therapy 2x4 (8) to lumbar/sacral, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy completed to date. Regarding the requested Pain Management consultation for lumbar spine, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG #60,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol (Ultram)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80 and 113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar spine herniated nucleus pulposus, status post L1 through L4 transverse fracture. In addition, there is documentation of use of Tramadol since at least 7/2/13 and that the patient has subjective improvement in terms of pain, and objective improvement in terms of tenderness, and appears to have benefited from current medication regimen. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed and that the lowest possible dose is being prescribed. In addition, there is no documentation of moderate to severe pain and that Tramadol is used as a second line treatment. Therefore, based on guidelines and a review of the evidence, the request for Tramadol 50 mg #60 is not medically necessary.

PHYSICAL THERAPY 2 X 4 (#8) TO LUMBAR/SACRAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Therapy.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of

independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of intervertebral disc disorders without myelopathy not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of lumbar spine herniated nucleus pulposus, status post L1 through L4 transverse fracture. In addition, there is documentation of previous physical therapy reported as helpful in reducing back pain. However, there is no documentation of number of physical therapy visits completed to date and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy completed to date. Therefore, based on guidelines and a review of the evidence, the request for physical therapy 2x4 (8) to lumbar/sacral is not medically necessary.

PAIN MANAGEMENT CONSULTATION FOR LUMBAR SPINE: 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), TWC Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and consultations, page(s) 127.

Decision rationale: ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of lumbar spine herniated nucleus pulposus, status post L1 through L4 transverse fracture. However, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In addition, given documentation of associated therapeutic requests, there is no documentation of the medical necessity for a Pain Management consultation. Therefore, based on guidelines and a review of the evidence, the request for Pain Management consultation for lumbar spine is not medically necessary.