

Case Number:	CM14-0165792		
Date Assigned:	10/10/2014	Date of Injury:	10/24/2013
Decision Date:	12/04/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/08/2014

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:

The patient is a 28-year-old male who has submitted a claim for reflex sympathetic dystrophy of the lower limb associated with an industrial injury date of 10/24/2013. Medical records from 2014 were reviewed. The patient complained of left foot pain, rated 2 to 3/10. Pain severity decreased to 1/10 upon tramadol intake. Pain was aggravated upon walking or weight-bearing activities. Alleviating factors included exercise and intake of medications. Physical examination of the left foot showed no bruising, ecchymosis, or edema. Pulses were intact. Range of motion and sensory exam were unremarkable. Treatment to date has included physical therapy, and medications such as ibuprofen, tramadol (since May 2014). The rationale for enrolling patient to chiropractic care and massage therapy are to increase mobility, to decrease tightness, to improve metatarsal alignment, and to increase flexibility. Utilization review from 9/16/2014 denied the request for tramadol 50 mg, #100 because patient already had a low back pain level of 2/10 without medication intake; denied massage therapy x 6 visits, left foot because it was not proven to be an effective treatment for long-term pain relief; and denied chiropractic x 6 visits, left foot because chiropractic manipulation was not supported in the guideline criteria for treatment of ankle/foot region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 Mg #100: 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 Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on tramadol since September 2014. The patient complained of left foot pain, rated 2 to 3/10. Pain severity decreased to 1/10 upon tramadol intake. However, the medical records do not clearly reflect continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Tramadol 50 mg, #100 is not medically necessary.

Massage Therapy X 6 Visits, Left Foot: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: According to page 60 of the CA MTUS Chronic Pain Medical Treatment Guidelines, massage therapy should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. In this case, patient complained of left foot pain, rated 2 to 3/10. Pain was aggravated upon walking or weight-bearing activities. Symptoms persisted despite physical therapy and medication intake. The documented rationale for enrolling patient to massage therapy were to increase mobility, to decrease tightness, to improve metatarsal alignment, and to increase flexibility. Massage therapy may be a reasonable treatment option at this time. Therefore, the request for Massage Therapy x 6 visits, Left Foot are medically necessary.

Chiropractic X 6 Visits, Left Foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

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

Decision rationale: As stated on pages 58-59 of CA MTUS Chronic Pain Medical Treatment Guidelines, several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. There should be some outward sign of subjective or objective improvement within the first 6 visits for continuing treatment. Manipulation therapy is not recommended for ankle/foot region. In this case, patient complained of left foot pain, rated 2 to 3/10. Pain was aggravated upon walking or weight-bearing activities. Symptoms persisted despite physical therapy and medication intake. The documented rationale for enrolling patient to chiropractic therapy were to increase mobility, to decrease tightness, to improve metatarsal alignment, and to increase flexibility. However, the guidelines clearly indicated that manipulation was not recommended for the foot. There was no discussion concerning need for variance from the guidelines. Therefore, the request for Chiropractic x 6 visits, Left Foot are not medically necessary.