

Case Number:	CM14-0178075		
Date Assigned:	10/31/2014	Date of Injury:	06/24/2003
Decision Date:	12/08/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/27/2014

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 Emergency 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 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 year-old female who was injured on June 2, 2014. The patient continued to experience pain in back, neck, hips, and knees. Physical examination was notable for decreased range of motion of the cervical spine and lumbar spine, antalgic gait, positive straight leg raise, and left finger numbness. Diagnoses included postlaminectomy syndrome of the cervical region, degeneration of cervical intervertebral disc, and degeneration of lumbar intervertebral disc. Treatment included medications, TENS unit, surgery, chiropractic therapy, physical therapy, and epidural steroid injections. Requests for authorization for Bowen therapy for the neck, back, hip, and knee and tramadol, 50 mg #180 with one refill were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bowen therapy for the neck, back, hip, and knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 58. Decision based on Non-MTUS Citation www.bowen.asn.au/bowen-therapy/

Decision rationale: Bowen Therapy is a holistic and multidimensional approach to pain relief and healing that has achieved remarkable results over the past 50 years. Bowen Therapy, through specific soft tissue or facial release and integration techniques, stimulate specific receptors that enable the body itself to correct dysfunctions and restore homeostasis (balance) on a holistic level. Through treating the cause rather than the symptoms Bowen Therapy has consistently shown it can have profound and permanent healing and pain relief outcomes. It is a manual therapy that is not performed by licensed practitioners. Random controlled studies are not available. The lack of evidence does not allow determination of efficacy or safety. The request is not medically necessary.

Tramadol Hydrochloride 50mg #180, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient has been using opioids since at least July 2006 and has not obtained analgesia. In addition there is no documentation that the patient has signed an opioid contract or is participating in urine drug testing. Criteria for long-term opioid use have not been met. The request is not medically necessary.