

<b>Case Number:</b>	CM14-0183676		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	03/09/2012
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Occupational Medicine, 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 31-year-old male who has submitted a claim for lumbar spine degenerative disc disease, chronic low back pain, bilateral sacroiliitis, bilateral facet joint arthritis, possibility of lumbar radiculopathy, and insomnia secondary to pain associated with an industrial injury date of 3/9/2012. Medical records from 2014 were reviewed. The patient complained of low back pain rated 3 to 4/10 in severity aggravated by repetitive activity. No side effects were noted from medication intake. The patient is currently working full-time. Physical exam of the lumbar spine showed muscle spasm, stiffness and tenderness, normal motor strength, normal sensory, and negative straight leg raise test. MRI of the lumbar spine from 3/6/2014 documented disk bulging at L1 to L5 without narrowing of the spinal canal or neural foramina. EMG/NCV study of bilateral lower extremities, dated 5/14/2013, showed no evidence of radiculopathy or neuropathy. Treatment to date has included physical therapy, and medications such as tramadol (since April 2014), and ibuprofen. The utilization review from 10/7/2014 denied the request for aquatic/physical therapy for 12 to 16 sessions because the patient had exceeded the guideline recommendation concerning total number of treatment visits; and denied tramadol 50 mg, #60 because of no documented functional improvement with medication use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic Physical Therapy 12-16 Visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22-23.

**Decision rationale:** As stated on pages 22-23 of the California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight bearing is desirable such as extreme obesity or fractures of the lower extremity. The guidelines recommends 9 to 10 visits over 8 weeks for myalgia and myositis. In this case, patient has completed a course of physical therapy previously. However, the exact number of treatment sessions completed and functional outcomes are not documented. There is no data on body mass index. No fracture of the lower extremity is likewise noted. There is no indication why the patient could not participate in a land-based physical therapy program. Lastly, it is unclear why patient cannot transition into a self-directed exercise program to address residual deficits. Therefore, the request for aquatic/physical therapy for 12 to 16 sessions is not medically necessary.

**Tramadol 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

**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 April 2014. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. Urine drug screen is likewise not available for review. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for tramadol 50mg, #60 is not medically necessary.