

<b>Case Number:</b>	CM14-0028759		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	05/01/2010
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 52 year old male who was injured on 05/01/2010 when he picked up a heavy plant. Prior treatment history has included the following medications as of 02/07/2014: Ultram, Flexeril, and Relafen. The patient has had a TENS unit and epidural steroid injections and physical therapy. The patient responded well to the injection therapy initially but the improvement did not last. He responded well to the physical therapy initially and his condition improved but the improvement did not last. Diagnostic studies reviewed include studies obtained from the progress note dated 01/14/2014. The patient underwent MRI of the lumbar spine without contrast on 12/18/2013 which revealed multilevel degenerative disc disease most notable at L4-L5 where there is a focal posterior disc protrusion. There is no significant central canal or focal stenosis. A lumbar spine x-ray on 01/14/2014 revealed minimal Levoscoliosis at the thoracolumbar junction. There is mild disc height loss worst on the right at L4-L5 and no instability noted. Progress note dated 01/14/2014 the patient presented complaining of aching low back pain radiating to the left lower extremity associated with numbness and tingling sensation of the left lower extremity. The patient rates his pain as 8/10. Objective findings of the lumbar spine exam reveal restricted range of motion of the lumbar spine to 30 degrees due to pain. The neurologic examination reveals sensory exam hypoesthesia of the left lower extremity. There is positive straight leg raise on the left lower extremity. Diagnoses: Lumbar degenerative disc disease. Of note, progress report dated 02/07/2014 the patient was diagnosed with: 1) Lumbar strain 2) Myofasciitis 3) Radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY X 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** According to the CA MTUS guidelines, Physical Therapy is recommended as a modality of treatment to reduce the swelling, decreasing pain, and improving range of motion, allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Therapy. The medical records document the patient has already had PT, however, there is no documentation of any improvement in the quantitative objective measurements such as pain level, ROM or strength. In the absence of any subjective and objective improvement of pain and function, the request is not medically necessary according to the guidelines.

**TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-117.

**Decision rationale:** According to the CA MTUS guidelines, TENS for chronic pain, is recommended as a one-month home-based TENS trial which may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for Neuropathic pain, Phantom limb pain and CRPS II, spasticity, and multiple sclerosis. Furthermore, there is no documentation of prior trial of TENS in this patient. There is no documentation of TENS is being planned to be used in conjunction with home exercise program and/or physical therapy. Therefore, based on the CA MTUS guidelines and criteria the request is not certified as medically necessary.

**ULTRAM ER 100 MG #60:** Upheld

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

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

**Decision rationale:** According to the CA MTUS Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The CA MTUS Guidelines indicate four domains have

been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. Chronic use of opioids is not generally supported by the medical literature. There is no evidence of a detailed documentation of any improvement in pain level or function in the medical records with its prior use. Therefore, the medical necessity is not established at this time based on the available information.