

Case Number:	CM14-0049983		
Date Assigned:	07/07/2014	Date of Injury:	02/22/2013
Decision Date:	08/21/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/17/2014

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 Internal 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:

This is a case of a 48-year-old male patient who suffered an industrial injury on 2/22/2013. The details of his history and injury were obtained solely from the physician peer review, as other documentation was not available except for the treating physician reports referred to later in this review. The patient was carrying heavy appliances up stairs when he reported sudden onset of mid body and lower back as well as neck pain. Based on the physician peer review, it appears that the patient has undergone physiotherapy and chiropractic treatment, but the frequency, quantity, duration and visit dates were not mentioned. In the primary physicians treating report dated 11/4/2013, the patient was complaining of diffuse spinal pain, worse at the thoracic and cervical regions. He also complained of neck stiffness and headaches developing. Objective findings on exam for that date included cervical range of motion 50% of expected, and upper extremity deep tendon reflexes were symmetric at 1+. The patient was diagnosed with cervical strain/sprain, thoracic and lumbar disc disease. Subsequent primary treating physician report dated 12/12/2013 indicated that the patient continued to complain of neck stiffness and headaches, severe at times with some radiation of pain to the left shoulder girdle. Objective findings for that date of service included cervical range of motion for flexion was 50%, extension was 25%, and rotation was 50% of expected. Upper extremity deep tendon reflexes were symmetric at 1+. Thoracic magnetic resonance imaging (MRI) from 6/28/2013 reported T7-8 right paracentral disc herniation, and lumbar MRI from 6/27/2013 revealed disc bulges at L3-4, L4-5, and L5-S1 levels. Finally, the primary physicians report dated 1/8/2014 revealed the same subjective and objective findings as his earlier exam dated 12/12/2013, except it was reported that the patient had guarding in all planes of cervical range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter: Tramadol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Central Acting Analgesics (Tramadol) Page(s): 75- 82, 113.

Decision rationale: Based on MTUS guidelines, the use of central acting analgesics such as Tramadol may be used to treat chronic pain. They are also reported to be effective in managing neuropathic pain. Specifically, the use of opioids for chronic back pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (greater than 16weeks), but also appears limited. There are three studies comparing tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. Opioid analgesics and Tramadol have been suggested as second-line treatment (alone or in combination with first-line drugs). A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain. In this case, there was no documentation of a first-line agent used to treat the patient's pain before requesting what is typically a second-line agent. In addition, there is no specific request for dosage, frequency or duration of use for Tramadol. Therefore, based on review of the MTUS guidelines and the evidence in this case, the request for Tramadol is not medically necessary.

Physical Therapy Thoracic Spine: Upheld

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

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

Decision rationale: Based on MTUS guidelines, passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instructions. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines recommend 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis as well as allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. In this

case, it is unclear how many sessions of physical therapy have been completed and over what period of time, if any. In addition, the request for physical therapy of the thoracic spine does not specify how many sessions are requested and over what period of time. Therefore, based on the MTUS guidelines and the evidence in this case, the request for physical therapy of the thoracic spine is not medically necessary.

Physical Therapy of the Lumbar Spine: Upheld

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

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

Decision rationale: Based on MTUS guidelines, passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instructions. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines recommend 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis as well as allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. In this case, it is unclear how many sessions of physical therapy have been completed and over what period of time, if any. In addition, the request for physical therapy of the lumbar spine does not specify how many sessions are requested and over what period of time. Therefore, based on the MTUS guidelines and the evidence in this case, the request for physical therapy of the lumbar spine is not medically necessary.