

Case Number:	CM14-0066872		
Date Assigned:	07/11/2014	Date of Injury:	10/16/2000
Decision Date:	08/22/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/12/2014

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 injured worker is a 69-year-old female who reported an injury on 10/16/2000. The mechanism of injury was not submitted in the report. The injured worker is status post lumbar fusion T10-S1 (undated). The injured worker complained of bilateral low back pain that radiated to the left buttock and posterior left thigh. No measurable pain level was documented. The injured worker was status post fluoroscopic guided diagnostic left sacroiliac joint injection (04/03/2013) which provided 100% relief for 30 minutes after the injection and lasted greater than 2 hours. The injured worker also reported upper bilateral axial cervical spine pain with cervicogenic headache since date of injury that has worsened. Physical examination dated 05/15/2014 revealed tenderness upon palpation to the left lumbar paraspinal muscles and left sacrum. There was also tenderness upon palpation in the bilateral cervical paraspinal muscles overlying the bilateral C2-5 facet joints. Muscle girth was symmetric in all limbs. Peripheral pulses were 2+ bilaterally with normal capillary refill. Bilateral lower extremity range of motion was restricted by pain in all directions. Lumbar ranges of motion were restricted by pain in all directions as well. Lumbar extension was worse than lumbar flexion. Cervical extension was 20 degrees, flexion was 45 degrees, lateral rotation was 45 degrees, and side bending was 30 degrees. Cervical extension was worse than cervical flexion. Muscle strength testing revealed 5/5 in all limbs. MRI dated 08/30/2007 revealed fusion at L3-S1 and central disc protrusion at L2-3. There was also an x-ray, date unknown, which revealed degenerative disc disease and facet joint arthropathy at L3-S1 fusion. The injured worker has diagnoses of status post positive fluoroscopy guided diagnostic left sacroiliac joint injection, upper cervical bilateral facet joint pain, upper cervical bilateral facet joint arthropathy, cervical pain/strain, left sacroiliac joint pain, T10-S1 fusion, lumbar post laminectomy syndrome, lumbar facet joint arthropathy, and neuropathic pain. Past medical treatment includes 5 lumbar surgeries, physical therapy,

injections (not specified where), and medication therapy. Medications include Effexor XR 150mg 2 times a day, Clonazepam 1mg 2 times a day, Topiramate 25mg 2 times a day, Atenolol 50mg, Calcium 800mg, Vitamin C 1000mg, OxyContin 10mg 2 times a day, Gabapentin 300mg 3 times a day, and Oxycodone 20mg. The current treatment plan is for fluoroscopic nerve ablation, Tramadol, and physical therapy 2 times a week for 4 weeks to the cervical spine. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically Guided Left Sacroiliac Joint Radiofrequency Nerve Ablation (Neurotomy/Rhizotomy): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Sacroiliac joint radiofrequency neurotomy.

Decision rationale: The request for Fluoroscopically Guided Left Sacroiliac Joint Radiofrequency Nerve Ablation (Neurotomy/Rhizotomy) is non-certified. The Official Disability Guidelines do not recommend sacroiliac joint radiofrequency neurotomies, given that there is a lack of supporting literature. Because the guidelines do not recommend the requested treatment and there are no exceptional factors to support treatment outside of the guidelines, the request is not medically necessary.

Office visits x 2 (1 two weeks after and 1 four weeks later): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Medical Practice Standard of Care.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Office Visits.

Decision rationale: The request for office visits x 2 (1 two weeks after and 1 four weeks later) is not medically necessary. The injured worker is status post lumbar fusion T10-S1 (undated). The injured worker complained of bilateral low back pain that radiated to the left buttock and posterior left thigh. No measurable pain level was documented. ODG guidelines recommend office visits when they are determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individually determined based upon a

review of patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines, such as opiates or certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as is clinically feasible. There was no submitted documentation regarding the current clinical situation of the injured worker to determine when they would need to be seen again; without that information, the necessity of 2 office visits cannot be determined. Furthermore, findings at office visit will also determine the frequency of the next visit. As such, the request for office visit times 2 is non-certified.

Tramadol 37.5/325 mg, #60 (dispensed 4/18/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing management Page(s): 82, 93-94, 113, and 78.

Decision rationale: The request for Tramadol 37.5/325 mg, #60 (dispensed 4/18/2014) is not medically necessary. The California MTUS states centrally acting opioid analgesic drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain but not recommended as a first-line oral analgesic. Guidelines recommend that there should be documentation of the 4 A's for ongoing monitoring: analgesia, activities of daily living, adverse side effects and aberrant drug-taking behavior. The submitted report revealed that the injured worker does have diagnosis of neuropathic pain, but the report lacked any evidence of effectiveness in terms of functional improvement with the use of the Tramadol. There were no notes suggesting what pain levels were before, during, and after the medication use. There was also no documentation of the 4 A's. There was 1 urinalysis report submitted, dated 03/10/2014, but it did not indicate that they had tested the injured worker for the use of Tramadol. Furthermore, it is unclear as to when the injured worker started taking the Tramadol and how often. The submitted request does not indicate a frequency. Given the above, the injured worker's use of Tramadol is not within the established MTUS Guidelines. As such, the request is not medically necessary or appropriate.

Physical Therapy, 2 times per week for 4 weeks, to the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

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

Decision rationale: The request for physical therapy 2 times per week for 4 weeks to the cervical spine is not medically necessary. The California MTUS Guidelines does support 9-10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The injured worker had physical examination findings of cervical extension of 20 degrees, flexion of 45 degrees, lateral rotation of 45 degrees, and side bending of 30 degrees. Cervical extension was worse than cervical flexion. There was documentation indicating that the injured worker had previous physical therapy. However, details regarding her prior treatment, including number of visits completed and objective functional gains obtained, were not provided. Based on the lack of objective evidence of functional improvement with previous visits, the appropriateness of additional physical therapy cannot be established. Therefore, despite evidence of current objective functional deficits in the cervical spine, due to the lack of documentation regarding previous physical therapy, the request is not supported. Furthermore, guidelines recommend a total of 9-10 visits; but seeing as the number of previous sessions the injured worker had undergone is undocumented, allowing for more would not be within MTUS Guidelines. As such, the request for physical therapy 2 times per week for 4 weeks to the cervical spine is not medically necessary or appropriate.