

Case Number:	CM14-0078111		
Date Assigned:	07/18/2014	Date of Injury:	12/08/2012
Decision Date:	08/15/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/27/2014

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 Orthopedic Surgery 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 46-year-old female sustained an industrial injury on 12/8/12. The mechanism of injury was not documented. The patient underwent anterior cervical discectomy and fusion at C5/6 and C6/7 on 10/17/13. Physical therapy was initially certified for 12 post-operative visits on 11/21/13. The 4/21/14 treating physician report indicated that therapy was helpful. Clinical exam noted normal upper extremity reflexes and strength. Gait was normal. There was minimal cervical tenderness. Cervical range of motion was decreased about 25%. Nerve tension signs were negative. The treatment plan recommended medication refills, return to modified work, and additional physical therapy 2x4. The 4/28/14 utilization review modified the request for physical therapy 2x4 to 1x4. The patient was nearing the end of the postsurgical physical medicine treatment period, had minimal exam findings, and therapy at a decreasing frequency was appropriate as a transition into home exercise program. The request for Ultram (tramadol HCL) ER 150 mg #60 was modified to #30. The use of this medication was considered reasonable to treat breakthrough pain but there was no clear indication for use on a daily basis. The 5/19/14 treating physician progress report indicated the patient was doing well overall with some increased neck pain with return to work. Objective findings documented normal upper extremity reflexes, sensation, and strength. Gait was normal. There was minimal cervical tenderness. Cervical range of motion was decreased about 20%. Nerve tension signs were negative. X-rays documented the cervical spine was stable status post fusion. The treatment plan recommended acupuncture 2x4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for four weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: California MTUS Post-Surgical Treatment Guidelines do not apply to this case as the 6-month post-surgical treatment period had expired on 4/27/14. MTUS Chronic Pain Medical Treatment Guidelines would apply. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have not been met. The patient was reported with mild loss of cervical range of motion. Normal strength was documented. There was no current pain or functional assessment provided. A specific functional deficit or functional treatment goal was not documented. The 4/28/14 utilization review modified the request for 8 additional physical therapy visits to 4 visits to allow for monitored transition to a home exercise program. There is no compelling reason provided to support the medical necessity of additional supervised therapy beyond that already certified. Therefore, this request for physical therapy two times a week for four weeks for the cervical spine is not medically necessary.

Ultram Tramadol HCL ER 150 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Tramadol Page(s): 76-80, 93-94, 113.

Decision rationale: The California MTUS indicate that opioids, such as Tramadol, are recommended for moderate to moderately severe pain. Tramadol is not recommended as a first line oral analgesic. In general, continued and long-term use of opioids is contingent upon a satisfactory response to treatment that may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guideline criteria have not been met. There is no current pain or functional assessment documented relative to the use of this medication. Records indicate that Ultram was prescribed once a day in the immediate post-op period. Continuation of Ultram at this point in recovery is not supported in the absence of moderate to moderately severe pain and documented functional benefit. The 4/28/14 utilization review modified the request for #60 Ultram to #30. There is no compelling reason to support the medical necessity of additional medication beyond that already certified. Therefore, this request for Ultram Tramadol HCL ER 150 mg #60 is not medically necessary.