

<b>Case Number:</b>	CM14-0086134		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	12/23/2012
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Illinois. 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 58-year-old female who reported an injury after a pulling motion while changing sheets on the bed on 12/23/2012. The clinical notes dated 05/19/2014 indicated diagnosis of musculoligamentous signs and symptoms of the lumbar spine with a possible lumbar disc herniation, right shoulder strain, and right shoulder impingement. The injured worker reported his pain had been about the same. On physical examination, the injured worker had positive right shoulder, right knee, and lumbar tenderness. The injured worker's lumbar spine range of motion was decreased about 20 percent. The injured worker's treatment plan included refill medications and upper extremity evaluation. Prior treatments included diagnostic imaging and medication management and chiropractic therapy. The injured worker's medication regimen included Anaprox, Ultram, and Norflex. The provider submitted a request for chiropractic treatment and Ultram. A Request for Authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatment X 8 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**Decision rationale:** The request for Chiropractic Treatment X 8 visits is not medically necessary. The CA MTUS guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. There is lack of documentation regarding a complete physical exam to evaluate for decreased functional ability, decreased range of motion, decreased strength, and flexibility. In addition, the amount of chiropractic visits the injured worker previously completed along with the efficacy of the prior therapy was not provided in the documentation submitted. Furthermore, the request does not specify the site for treatment. Therefore, the request for chiropractic treatment is not medically necessary.

**Retroactive request for Ultram Tramadol HCL ER 150mg, #60, dispensed on 5/19/14:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

**Decision rationale:** The request for Retroactive request for Ultram Tramadol HCL ER 150mg, #60, dispensed on 5/19/14 is not medically necessary. The California MTUS guidelines state tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use, behaviors, and side effects. Furthermore, the request does not indicate a frequency for the Ultram. Therefore, the request is not medically necessary.