

Case Number:	CM14-0176756		
Date Assigned:	10/30/2014	Date of Injury:	02/20/2006
Decision Date:	01/20/2015	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/27/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 42 year old male with an injury date of 02/20/05. As per progress report dated 09/03/14, the patient complains of frequent or constant moderate low back pain radiating to the bilateral lower extremities. Physical examination reveals tenderness and decreased range of motion in the lumbar spine. According to progress report dated 05/13/14, the pain is rated at 7/10. The condition worsens with prolonged walking, lifting or being in one position. Neurological examination of the lower extremities shows reduced sensation on left S1 and right L5. The straight leg raise is positive bilaterally. Medications, as per progress report dated 09/03/14, include Ultracet, Terocin patches, and Zantac. The patient is also using an H-wave machine, as per the same progress report. The patient has trialed physical therapy and epidural injection, as per progress report dated 05/13/14. The patient has been allowed to return to modified work, as per progress report dated 09/03/14. X-ray of the Lumbar Spine (date not mentioned), as per progress report dated 05/13/14:- Significant loss of disc height at L4-5 and L5-S1 along with foraminal narrowing- Significant lateral listhesis with step off of L4 and L5MRI of the Lumbar Spine, 11/20/13:- At L3-4: Mild disc desiccation; mild bilateral facet degenerative changes; 3 mm broad-based disc protrusion with a small extrusion component, minimally extending to L4 vertebral body; mild spinal stenosis; mild-to-moderate bilateral neural foraminal narrowing.- At L4-5: Mild bilateral facet degenerative changes and ligamentum flavum hypertrophy; moderate-to-severe disc space narrowing; moderate degenerative endplate changes to the right of the midline; broad-based disc osteophyte complex; mild-to-moderate spinal stenosis; mild-to-moderate bilateral neural foraminal narrowing.- At L5-S1: Vacuum disc phenomenon; 3 mm broad-based disc osteophyte complex; mild bilateral neural foraminal narrowing. Diagnoses, 09/03/14:- Myoligamentous strain of the lumbar spine- History

of abnormal liver function testsThe treater is requesting for (a) Tramadol / Acetaminophen 37.5 / 325 mg # 60 (b) Physical Therapy visits for the lumbar spine, Qty: 2 (c) Physical Therapy / Traction for the lumbar spine. The utilization review determination being challenged is dated 09/26/14. The rationale for Tramadol / acetaminophen was ". No documentation of a maintained increase in function or decrease in pain with the use of this medication." The request for physical therapy / Traction for the lumbar spine did not meet the Guidelines, as per the UR letter. Hence it was modified to physical therapy visits for the lumbar spine, Qty: 2. Treatment reports were provided from 08/26/13 - 09/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/acetaminophen 37.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88 and 89, 78.

Decision rationale: The patient presents with frequent or constant moderate low back pain radiating to the bilateral lower extremities, as per progress report dated 09/03/14. The request is for Tramadol / Acetaminophen 37.5 / 325 mg # 60. The pain is rated at 7/10 as per progress report dated 05/13/14. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." In this case, a prescription for Ultracet (Tramadol /acetaminophen) was first noted progress report dated 02/10/14. The patient has been receiving the medication consistently since then. Although the treater states that the medication is for "pain" in progress report dated 09/03/14, he does not document any change in pain or function. There are no urine drug screen and CURES reports available for review. Additionally, the treater does not discuss side effects and aberrant behavior associated with opioid use. The report lacks sufficient documentation regarding the 4 As, including analgesia, specific ADL's, adverse reactions, and aberrant behavior. The request is not medically necessary.

Physical therapy visits for lumbar spine, qty: 2: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with frequent or constant moderate low back pain radiating to the bilateral lower extremities, as per progress report dated 09/03/14. The request is for physical therapy visits for the lumbar spine, QTY: 2. the pain is rated at 7/10 as per progress report dated 05/13/14. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In progress report dated 05/13/14, the treater states that the patient "already had a trial of physical therapy and epidural injection." However, given the patient's date of injury, it is not clear when this treatment was provided or the number of sessions the patient attended in the past. Additionally, UR letter states that The request for physical therapy / traction for the lumbar spine did not meet the Guidelines, hence it was modified to physical therapy visits for the lumbar spine, Qty: 2. It is not known if the treater made this request or not. However, given the patient's severe pain, the request for 2 sessions of physical therapy appears reasonable. The number of sessions fall within the range recommended by MTUS as well. Hence, this request is medically necessary.

Physical therapy/traction for lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents with frequent or constant moderate low back pain radiating to the bilateral lower extremities, as per progress report dated 09/03/14. The request is for Physical Therapy / Traction for the lumbar spine. The pain is rated at 7/10 as per progress report dated 05/13/14. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." ACOEM, Chapter: 12, page 300, Low Back Complaints states the following regarding lumbar traction: "Traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended." UR letter states that the request for physical therapy / traction for the lumbar spine did not meet the Guidelines, hence it was modified to physical therapy visits for the lumbar spine, Qty: 2. in progress report dated 05/13/14, the treater states that the patient "already had a trial of physical therapy and epidural injection." However, given the patient's date of injury, it is not clear when this treatment was provided or the number of sessions the patient attended in the past." The progress reports do not discuss why additional physical therapy is required. The treater also does not document the number of sessions required. Additionally, ACOEM guidelines do not recommend the use of lumbar traction. Hence the request is not medically necessary.