

Case Number:	CM14-0191597		
Date Assigned:	12/09/2014	Date of Injury:	08/26/2014
Decision Date:	01/27/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/17/2014

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 New York. 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 31 year old man with a date of injury of 8/26/14 to his low back and right knee. He was seen by his provider on 10/2/14. He is status post x-rays of his right knee and lumbar spine in 9/14. He complained of constant pain to his lower back and right knee which was relieved with medications, rest, heat, relaxation, sitting and lying down. His current medications included tramadol, cyclobenzaprine and ibuprofen. His exam showed he was in no acute distress and ambulated without an assistive device with a normal gait pattern. His lumbar spine showed range of motion of forward flexion to 60 degrees, extension to 20 degrees and side bending within normal limits. He had tenderness to palpation over the lumbar paraspinal muscles bilaterally with negative lumbar facet loading and negative straight leg raise bilaterally and negative Patrick's test. His right knee showed normal full range of motion with tenderness over the medial joint line and negative anterior and posterior drawer test. He had a positive McMurray's test and normal bulk and tone. His diagnoses were lumbago and right knee internal derangement. At issue in this review is the request for MRI of the knee and lumbar spine, physical therapy and tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy Visits over 3 Weeks, Right Knee and Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Physical Medicine Guidelines allow 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 injured worker, it is not clear if physical therapy has already been used as a modality in the past or not and if so, a self-directed home program should be in place. The records do not include a rationale for physical therapy or therapy goals. The records do not support the medical necessity for additional physical therapy visits in this individual with knee and back pain; therefore, the request is not medically necessary.

Magnetic Resonance Imaging (MRI) of the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-339.

Decision rationale: The request in this injured worker with knee pain is for a MRI of the knee. This injured worker had prior radiographic studies including x-rays of the right knee. The records document a physical exam with normal range of motion and no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects such as meniscus or ligament tears. In the absence of physical exam evidence of red flags or physical exam evidence of an anatomic abnormality, a MRI of the right knee is not medically indicated. The medical necessity of a knee MRI is not substantiated in the records; therefore, the request is not medically necessary.

Magnetic Resonance Imaging (MRI) of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-310.

Decision rationale: This injured worker had prior radiographic studies including x-rays of the lumbar spine. MRI can be useful to identify and define low back pathology in disc protrusion and spinal stenosis. The physical exam shows tenderness to palpation of the paraspinal muscles but no radicular signs. In the absence of physical exam evidence of red flags, a MRI of the lumbar spine is not medically indicated. The medical necessity of a lumbar MRI is not substantiated in the records; therefore, the request is not medically necessary.

Tramadol ER 150mg, 1 tablet by mouth daily #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84-94.

Decision rationale: Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. There are no long-term studies to allow for recommendations for longer than three months. The MD visit fails to document any improvement in pain, functional status or a discussion of side effects to justify use. The request for Tramadol ER is not medically necessary.