

Case Number:	CM14-0191985		
Date Assigned:	11/25/2014	Date of Injury:	05/12/1994
Decision Date:	01/13/2015	UR Denial Date:	10/25/2014
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 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 patient is a 66 year old male with date of injury 5/12/94. The treating physician report dated 10/14/14 (216) indicates that the patient presents with pain affecting their neck, low back and insomnia. The physical examination findings reveal that the low back pain is constant and the pain radiates down the bilateral lower extremities and is described as stabbing. Pain is rated a 7/10 with medication and a 9/10 without it. Prior treatment history includes facet radiofrequency rhizotomy at lumbar level bilateral L4-S1, insertion of Spinal Cord Stimulator (date unknown), variety of prescribed medication to assist with pain, and sleep. The current diagnoses are: 1. Lumbar Disc Degeneration 2. Lumbar Facet Arthropathy 3. Lumbar Post Laminectomy Syndrome 4. Status Post Fusion Lumbar Spine 5. Insomnia 6. Lumbar Radiculitis 7. Chronic Pain 8. Depression The utilization review report dated 10/25/14 denied the request for Physical Therapy and Tramadol based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of physical therapy: Upheld

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

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

Decision rationale: The patient presents with back pain, neck pain, and insomnia. The current request is for 8 sessions of physical therapy. The current request is meant to address recent flare-ups in pain symptoms that have not resolved. The MTUS guidelines allow 8-10 sessions of physical therapy for myalgia and neuritis type symptoms. In this case the treating physician has requested 8 physical therapy sessions on 10/14/14. The patient was authorized for 8 sessions on 10/7/14 and the 10/16/14 treating physician's report states that the patient was seen for an initial physical therapy evaluation. The current request is not supported as the patient has already been authorized for 8 sessions of PT. An additional 8 sessions for the same flare-up is not warranted per MTUS. The request is not medically necessary.

1 prescription of Tramadol HCL 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96, 113.

Decision rationale: The patient presents with back pain, neck pain, and insomnia. The current request is for Tramadol HCL 50mg #90. The treating physician states that the patient's pain is a 7/10 with meds and a 9/10 without meds. The physician requested a urine drug screen. The MTUS Guidelines state, "Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic." The guidelines also go on to describe that documentation of the 4 A's (analgesia, ADL's, Adverse effects and Adverse behavior) is required. In this case, the treating physician has only documented one of many requirements for ongoing opioid usage. There is no mention that the patient has any functional improvement with ongoing Tramadol usage and there is nothing in the documents reviewed to indicate that any adverse effects or adverse behavior is noted. MTUS requires much more documentation for ongoing opioid usage and this documentation was not provided by the treating physician. The request is not medically necessary.