MAXIMUS Federal Services

Case Number:	CM15-0000601		
Date Assigned:	01/12/2015	Date of Injury:	12/25/1998
Decision Date:	03/06/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York
Certification(s)/Specialty: Emergency Medicine

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 67-year-old male, who sustained an industrial injury on December 25, 1998when he was carrying a bag of rock when he slipped and fell. He has reported low back pain, numbness and tingling extending down the right lower extremity to the ankle. Past medical history includes hypertension, diabetes mellitus, and hyperlipidemia. Diagnoses include lumbosacral radiculopathy and history of lumbar fusion. A doctor's first report dated 9/12/2014 reports ongoing low back pain. According to notes, home water exercises and self-management for flare up of back pain were discussed. Previous treatments included lumbar epidural steroid injections, multiple spine surgeries including a fusion, non-steroid anti-inflammatory medications, topical analgesia products, and narcotics. Currently, the Injured Worker reports low back pain, which was intermittent and rated a four on a scale of ten. Pain was worsened with bending, twisting and partially relieved with ice, medication and rest. Accompanying symptoms included numbness, tingling and radiation to both feet and toes. A orthopedic note refers to past improvement of symptoms following aqua therapy. There is no documentation to support dates or duration of treatment, function improvement resulting from therapies or number of treatments attended. On December 30, 2014, the Utilization Review decision non-certified aquatic therapy eight visits, left elbow compression sleeve, Tramadol 50mg and ancillary home assistance 24 hours per day seven days per week. The MTUS, Chronic Pain Medical Treatment Guidelines was cited for the aquatic therapy, Tramadol prescription and the ancillary home assistance. DG was cited for the elbow sleeve. On January 2, 2015, the injured worker submitted an application for IMR of the non-certified services.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Aqua Therapy Sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Functional improvement, aquatic therapy, physical medicine

Decision rationale: The Injured Worker's condition is chronic. According to CA MTUS guidelines, "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Physical medicine recommendations allow for fading treatment frequency. According to the documentation, the Injured Worker has previously participated in aquatic therapy, although the details of these therapies are not available for review. The documentation does not support that the Injured Worker has experienced a new injury or has an exacerbation of pain, rather a continued, constant level of discomfort. There is no document to support details of functional improvement in relation to past aquatic therapy visits. Without the supporting documentation, the request is not medically necessary.

Left Elbow Elastic Compression Sleeve: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Elbow Chapter

Decision rationale: CA MTUS is silent on this issue. According to ODG recommendations, splinting is recommended for cubital tunnel syndrome with the purpose of limiting movement. There is unclear data with respect to bracing for the treatment of epicondylitis. The Injured Worker does not carry either of these elbow based diagnoses. Documentation does not include a physical examination of the elbow nor reports of limitations related specifically to this joint. Documentation does support indications or expectations of use of such a support devise. The request for an elbow sleeve is not medically necessary.

Ultram (Tramadol) 50MG 1 Every 4 Hours As Needed for Pain #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids for neuropathic pain Page(s): 113; 93-94.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of opiate pain medication to treat chronic pain, these recommendations state that the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. Tramadol is recommend for the treatment of moderate to severe pain. It is not recommended as a first line agent for treatment. The chart materials do not include a list of all the analgesic medications currently used or the Injured Worker response to each medication. There is not discussion of the Injured Worker functional status in relation to the different medications. It is unclear how long the Injured Worker has been taking Tramadol. The chart does not include urine drug screens. With the absence of this supporting documentation, the request for Tramadol is not medically necessary.

Ancillary Home Assistance (24 Hours Per Day, 7 Days Per Week for The Foreseeable Future): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Service Page(s): 51.

Decision rationale: CA MTUS recommends home health services for medical treatment and only to patients who are homebound and only on a part-time bases. Recommendations generally limit assistance to 35 hours per week. There is no documentation in the chart to support the need for assistance with tasks of daily living. Furthermore, there are no medically necessary treatments that would require assistance from a home health aide. The request is not medically necessary.