

Case Number:	CM15-0007573		
Date Assigned:	01/26/2015	Date of Injury:	03/22/2014
Decision Date:	03/16/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/13/2015

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: California

Certification(s)/Specialty: Family Practice

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 33 year old female, who sustained an industrial injury on 03/22/2014. She has reported subsequent back pain and was diagnosed with lumbago and hip/pelvic pain. Treatment to date has included oral pain medication and physical therapy. In a progress note dated 11/06/2014, the injured worker complained of back pain in the left lower lumbar-sacral spine that was described as chronic and constant as well as right hip pain. Objective physical examination findings were notable for tenderness of the lumbar paraspinal muscles and midline and paraspinal areas and limited range of motion of the lumbar spine to flexion and extension. The physician recommended continuation of Tramadol, more physical therapy to assist with strengthening and functional ability and a lumbosacral orthosis to "help her stay out of precarious positions". On 12/19/2014, Utilization Review non-certified a request for additional physical therapy of the lower back noting that there were no significant functional deficits on the current exam for which skilled therapy would be required, non-certified a request for lumbosacral orthosis, noting that chronic low back pain is not a covered indication for lumbar supports and non-certified a request for Tramadol, noting that before initiating opioid therapy, the injured worker should set goals and continued therapy should be contingent on meeting those goals. MTUS and ACOEM guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy for Low Back (3x4): Upheld

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

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of physical therapy as a treatment modality. These guidelines include specific recommendations on treatment frequency for physical therapy and the number of allowed sessions. Specifically, the guidelines state the following: 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 exercise program. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. In this case the patient has completed a course of physical therapy sessions. The requested number of sessions exceeds the above cited MTUS guidelines for the specific condition targeted by this request. Further, the request does not follow the guideline recommendations for a fading of treatment frequency or the direction towards an active, self-directed home exercise program. There is insufficient justification as to why the patient needs to exceed the number of visits allowed per the MTUS recommendations. For these reasons, additional physical therapy for the low back 3X4 is not considered as medically necessary.

Lumbosacral Orthosis: 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): 301.

Decision rationale: The MTUS/ACOEM Guidelines comment on the treatment that should be provided for patients with low back complaints (Chapter 12). Within these guidelines there is specific reference to the use of lumbosacral orthosis (supports). The MTUS/ACOEM Guidelines state the following on this matter: Lumbosacral supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, there is insufficient documentation on the rationale to choose a lumbosacral orthosis for this patient's symptoms. The patient's symptoms are well-beyond the acute phase from the time of the initial injury. For these reasons, the use of a lumbosacral orthosis is not considered as medically necessary.

Tramadol 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-78, 80.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids which includes the use of Tramadol. These guidelines have established criteria on the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 A's for Ongoing Monitoring." These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic back pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Treatment with Tramadol is not considered as medically necessary.