

Case Number:	CM15-0103219		
Date Assigned:	06/08/2015	Date of Injury:	09/21/2012
Decision Date:	07/10/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/29/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 56-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of September 21, 2012. In a Utilization Review report dated May 4, 2015, the claims administrator failed to approve requests for 12 sessions of chiropractic manipulative therapy, a 30-day trial of a TENS unit, one large heating pad, and tramadol. The claims administrator referenced an April 28, 2015 RFA form and associated March 18, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a RFA form dated March 20, 2015, additional chiropractic manipulative therapy, a large heating pad, a 30-day trial of a TENS unit, and tramadol were endorsed. It was suggested that the applicant was using tramadol as frequently as six tablets daily. In an associated progress note dated March 12, 2015, somewhat blurred as a result of repetitive photocopying, not altogether legible, it was acknowledged that the applicant was not working. Highly variable 5-8/10 pain complaints were noted. The applicant stated that tramadol was appropriately reducing his pain complaints from 8/10 without medications to 2/10 with medications. The attending provider suggested the applicant continue chiropractic manipulative therapy and employ heating pad as well as TENS unit for pain relief. Tramadol was dispensed in the clinic. The applicant was seemingly kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) additional chiropractic treatments for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 59-60.

Decision rationale: No, the request for 12 sessions of chiropractic manipulative therapy for the cervical and lumbar spines was not medically necessary, medically appropriate, or indicated here. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, here, however, the applicant was off of work, on total temporary disability, as of the date of the request, March 12, 2015. Continued chiropractic manipulative therapy was not, thus, indicated in the face of the applicant's failure to return to work. Therefore, the request was not medically necessary.

One (1) large heating pad: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 162.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 174; 299.

Decision rationale: Conversely, the request for a large heating pad was medically necessary, medically appropriate, and indicated here. The applicant's primary pain generators here were the neck and low back. The MTUS Guideline in ACOEM Chapter 8, Table 8-5, page 174 does recommend applications of heat packs as methods of symptom control for applicants with neck pain complaints, as were present here. Similarly, the MTUS Guideline in ACOEM Chapter 12, Table 12-5, page 299 also recommends at-home applications of heat as methods of symptom control for applicants with low back pain complaints, as were/are present here. Introduction of a heating pad was, thus, indicated, given (a) the favorable ACOEM positions on and (b) the low cost of the same. Therefore, the request was medically necessary.

Thirty (30) day trial of TENS unit: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: Similarly, the request for a 30-day trial of a TENS unit was medically necessary, medically appropriate, and indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, a TENS unit can be employed on a 30-day trial basis in applicants with chronic intractable pain of greater than three-month duration in whom other appropriate pain modalities, including pain medications, have been tried and/or failed. Here, the requesting provider did suggest (but did not clearly state) that the applicant had in fact

failed conventional analgesic medications, including tramadol. The applicant was off of work, on total temporary disability, as of the date of the request, March 12, 2015. Moving forward with a 30-day trial of a TENS unit, thus, was indicated here, given the failure of first-line oral analgesics. Therefore, the request was medically necessary.

One (1) prescription of Ultram (tramadol) 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Finally, the request for tramadol (Ultram), a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, as of the date of the request, March 12, 2015. While the attending provider did recount some reported reduction in pain scores from 8/10 without medications to 2/10 with medications on that date, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function (if any) as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.