

Case Number:	CM15-0139540		
Date Assigned:	07/29/2015	Date of Injury:	02/12/2015
Decision Date:	08/26/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/17/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 45 year old female who sustained an industrial injury on 02/12/2015. Mechanism of injury was not found with documents presented. Diagnoses include lumbar strain L5-S1 disc herniation, cervical strain, C5-C6 disc herniation, and thoracic strain with T8-9 bulge, and depression and anxiety. Treatment to date has included diagnostic studies, medications and physical therapy. There is an unofficial report of a Magnetic Resonance Imaging of the lumbar spine done on 03/17/2015 reveals L5-S1 disc herniation. There is an unofficial report of a MRI of the thoracic spine done on 03/17/2015 revealed multiple mild bulges with a large bulge at T8-9. On 03/17/2015, an unofficial report of a Cervical Magnetic Resonance Imaging revealed disc herniation at L5-S1. She is not working. A physician progress note dated 06/24/2015 documents the injured worker complains of worsening pain. She rates her pain as 5 out of 10 with medications and 8 out of 10 without medications. Physical therapy is improving her motion and strength but does flare up her symptoms afterwards. The worst pain is in her neck and radiates to the upper extremities, with associated numbness and tingling. She uses Tramadol for the pain and a muscle relaxant for the spasms. On examination, she has diminished reflexes in both upper and lower extremities. Straight leg raise and bowstring are negative bilaterally. She ambulates with a slightly antalgic gait. There is positive cervical and lumbar tenderness present, and muscle spasms, are noted in the paraspinal musculature. Both cervical and lumbar spine range of motion is restricted. The treatment plan includes the medications Naproxen, and Flexeril. Treatment requested is for Interferential unit & supplies (rental or purchase), physical therapy 2 times a week for 4 weeks (cervical, thoracic, lumbar), and Ultram 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks (cervical, thoracic, lumbar): Upheld

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

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

Decision rationale: Physical therapy 2 times a week for 4 weeks (cervical, thoracic, lumbar) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition and a transition to an independent home exercise program. The documentation is not clear on how many prior PT sessions the patient has had for the cervical/thoracic/lumbar regions; or why she is unable to perform an independent home exercise program. The documentation does not reveal evidence of objective functional improvement from any prior PT, therefore the request for physical therapy is not medically necessary.

Interferential unit & supplies (rental or purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: Interferential unit & supplies (rental or purchase) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that in regards to interferential therapy there is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain those criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. The documentation indicates that the patient has received benefit from an interferential unit in PT, however the documentation is not clear how often or long the patient has used this device or any evidence of functional improvement or medication reduction from using this device. Additionally, the guidelines recommend a one month trial prior to dispensing this unit to a patient permanently for home use and the request does not specify a duration for a rental and the documentation does not support evidence of functional improvement or a clear one month trial to support purchasing this device. The request for an inferential unit is not medically necessary.

Ultram 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Ultram 50mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation does not reveal an updated signed opioid agreement, objective urine toxicology screen or evidence of functional improvement from prior Ultram therefore this request is not medically necessary.