

Case Number:	CM15-0194732		
Date Assigned:	10/08/2015	Date of Injury:	10/16/2014
Decision Date:	11/18/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/05/2015

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: Arizona, 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 46 year old female, who sustained an industrial injury on 10-16-14. The injured worker has complaints of low back pain. There was noted hypesthesia in his left lower extremity in the L4, L5 and S1 (sacroiliac) dermatomes. The documentation noted that suggested surgery was indicated but he does not want to do that yet. The diagnoses have included lumbar degenerative disease; left greater than right lower extremity radiculopathy; diffuse regional myofascial pain and chronic pain syndrome with both sleep and mood disorder. Treatment to date has included naproxen; tramadol; epidural steroid; physical therapy and 24 chiropractic sessions. The original utilization review (9-28-15) modified he request for physical therapy for the low back times 6 to physical therapy times three to review the home exercise program and retransition. The request for tramadol 50mg was non-certified and the request for chronic pain psychology evaluation and treatment times 6 was modified to chronic pain psychology evaluation. Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the low back x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. The claimant has undergone 6 sessions of physical therapy and 24 sessions of chiropractor therapy. Consequently, additional 6 therapy sessions exceeds the guidelines and is not medically necessary.

Tramadol 50mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids for neuropathic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic, medication options (such as acetaminophen or NSAIDs), and when there is evidence of moderate to severe pain. In this case, the claimant was on NSAIDs but had persistent pain. Although there was no mention of Tylenol failure, the use of Tramadol was recently initiated and a continued short trial is appropriate for pain control and functional improvement.

Chronic Pain Psychology evaluation and treatment x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators).

Decision rationale: According to the guidelines, psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. In this case, the review of systems

for psychological symptoms was negative. The claimant was just initiated on Tramadol and is not on widespread analgesics. Although an initial evaluation may be beneficial, the request for 6 sessions is not justified and not medically necessary.