

Case Number:	CM15-0196236		
Date Assigned:	10/09/2015	Date of Injury:	05/09/2014
Decision Date:	11/24/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/06/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old male who sustained an industrial injury on 05-09-2014. According to a progress report dated 09-11-2015, the injured worker reported popping and a shifting sensation in the lumbar spine when he moved. MRI of the lumbar spine performed on 07-24-2014 demonstrated spondylolisthesis at L5 on S1 with unilateral pars defect on the left, moderate circumferential spinal canal stenosis at L5-S1, marked bilateral neuroforaminal stenosis. Therapy, preop consult and lumbar fusion surgery had been denied. Impression included back pain, grade I- L5 on S1 spondylolisthesis and disc displacement. Medications included Tramadol and Naproxen. The injured worker had pain with land-based exercises including walking no more than two blocks before he experienced severe pain to the lumbar spine that radiated down his legs. The provider noted that the injured worker would benefit from aquatic therapy to aid in weight loss and core strengthening and would require formal instruction. Four sessions were being requested. He was then to continue with a one year self-directed aquatic therapy program. The injured worker was laid off and currently not working. Documentation shows use of Tramadol dating back to April 2015. Urine toxicology reports were not submitted for review. On 09-18-2015, Utilization Review non-certified the request for Tramadol 50 mg x 30 one tablet daily, one year self-direct aquatic therapy and aquatic therapy instruction for independent program 2 x 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg x 30, one tablet daily: Upheld

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

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

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Moreover, it is not clear why the patient would simultaneously require two short-acting opioids (Tramadol and Norco). For these multiple reasons, therefore this request is not medically necessary.

One year self direct aquatic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Exercise.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: MTUS recommends aquatic therapy as an alternative treatment to land-based therapy. The records in this case do not provide a rationale for aquatic as opposed to land-based therapy. Moreover, it is unclear what is being requested to be certified in a requested for "self-directed" therapy. For these multiple reasons, this request is not medically necessary.

Aquatic therapy instruction for independent program 2x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Exercise.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

Decision rationale: MTUS recommends aquatic therapy as an alternative treatment to land-based therapy. The records in this case do not provide a rationale for aquatic as opposed to land-based therapy. Moreover, guidelines anticipate that by this time, the patient would have transitioned to an independent active exercise program and thus the rationale for instruction in an independent exercise program now rather than or in addition to the past is not apparent. For these multiple reasons, this request is not medically necessary.

