MAXIMUS Federal Services

Case Number:	CM15-0199564		
Date Assigned:	10/14/2015	Date of Injury:	12/05/2014
Decision Date:	12/15/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/09/2015

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, Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 was a 31 year old male, who sustained an industrial injury, December 5, 2014. The injured worker was undergoing treatment for lumbar spine musculoligamentous strain and or sprain with radiculitis, disc herniations, and lumbar spine contusion, rule out bilateral knee internal derangement, status post bilateral knee contusion and insomnia secondary to pain. According to progress note of August 27, 2015, the injured worker's chief complaint was pain in the low back that radiated in the pattern of the bilateral L4-L5 dermatomes and low extremities. The injured worker also complained of left knee pain. The injured worker rated the lower back pain at 5 out of 10. The left knee pain was rated at 2 out of 10. The right knee was asymptomatic at this time. The physical exam noted grade 2 tenderness with palpation over the paraspinal muscles, which had remained the same. There was restricted range of motion. The straight leg raise test was positive on the right. There was grade 2 tenderness with palpation of the bilateral knees. There was restricted range of motion. The injured worker previously received the following treatments 27 sessions of physical therapy, one session of chiropractic therapy and Tramadol 50mg #120 in June 10, 2015. The urine toxicology was completed on July 9, 2015, was negative for any unexpected findings. The RFA (request for authorization) dated August 27, 2015; the following treatments were requested for chiropractic therapy for the lumbar spine 3 times a week for 4 weeks, Tramadol 50mg #60, urine toxicology and patient education web classes. The UR (utilization review board) denied certification on October 1, 2015; for chiropractic therapy for the lumbar spine 3 times a week for 4 weeks, Tramadol 50mg #60, urine toxicology and patient education web classes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy of the lumbar spine 3xwk x 4 wks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Regarding the request for Chiropractic therapy of the lumbar spine 3x wk x 4 wks, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, there is documentation of completion of prior chiropractic sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In the absence of clarity regarding the above issues, the currently requested Chiropractic therapy of the lumbar spine 3xwk x 4 wks is not medically necessary.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Tramadol 50mg #60, California Pain Medical Treatment Guidelines state that Tramadol is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Tramadol 50mg #60, is not medically necessary.

Urine toxicology: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 13th edition (web 2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter Urine Drug Testing.

Decision rationale: Regarding the request for a Urine toxicology, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears the patient is taking controlled substance medication. The patient recently underwent a urine drug screen. There is no documentation of risk stratification to identify the medical necessity of drug screening at the proposed frequency. Additionally, there is no documentation that the physician is concerned about the patient misusing or abusing any controlled substances. In light of the above issues, the currently requested Urine toxicology is not medically necessary.

Patient education web classes: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Education.

Decision rationale: Regarding the request for Patient education web classes, CA MTUS does not address the issue. ODG states education is recommended, ongoing education for the patient and family, as well as the employer, insurer, policy makers, and the community should be the primary emphasis in the treatment of chronic pain. Within the documentation available for review, the documentation does not clearly describe what type of patient education web classes are needed, specific duration and frequency, and there was no rationale for the patient education web classes provided in the notes. In the absence of clarity regarding those issues, the currently requested Patient education web classes is not medically necessary.