

Case Number:	CM15-0201554		
Date Assigned:	10/16/2015	Date of Injury:	12/13/2007
Decision Date:	12/18/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/13/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 31 year old female who sustained an industrial injury 12-13-07. A review of the medical records reveals the injured worker is undergoing treatment for cervical spine sprain-strain, minor annular bulging at L2-L4, rule out left upper extremity chronic regional pain syndrome, bilateral knee pain and statue post left shoulder surgery. Medical records (09-04-15) reveal the injured worker complains of lower back pain rated at 9/10, and left hand and left shoulder pain rated at 7-8/10. The physical exam (09-04-15) reveals lumbar spine tenderness to palpation over the paraspinals and slight swelling of the paraspinals at the lower spine. Decreased strength and sensation bilaterally at L4 and on the left at L5 with severe decreased range of motion due to pain was noted. There was a slight temperature change noted in the left upper extremity, as well as a loss of range of motion of the elbow, shoulder and wrist. Prior treatment includes left shoulder surgery, stellate ganglion block, chiropractic, and physical therapy treatments. The previous medications listed are Naprosyn, OTC Advil and Tylenol #3. The original utilization review (10-01-15) non-certified the request for Ultram, and modified the requests for 8 sessions each of chiropractic care and physical therapy to the lumbar spine and left upper extremity to 6 sessions of each.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 8 sessions, 2x4, lumbar spine and left upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures, Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Physical Therapy.

Decision rationale: The CA MTUS and the ODG guidelines recommend that physical treatment can be utilized for the treatment of exacerbation of musculoskeletal pain. The utilization of physical treatments can result in increased range of motion, functional restoration and decrease in medication utilization. The guidelines recommend that patients proceed to a home exercise program after completion of a supervised physical therapy program. The records indicate that the patient have previous completed several series of physical treatment including chiropractic and physical therapy sessions. There is no documentation of recent exacerbation of the musculoskeletal condition or re-injury. The criteria for the Physical therapy 8 sessions, 2x4 lumbar spine and left upper extremity was not met, therefore is not medically necessary.

Chiropractic treatment 8 sessions, 2x4, lumbar spine and left upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Physical Treatment.

Decision rationale: The CA MTUS and the ODG guidelines recommend that physical treatment can be utilized for the treatment of exacerbation of musculoskeletal pain. The utilization of physical treatments can result in increased range of motion, functional restoration and decrease in medication utilization. The guidelines recommend that patients proceed to a home exercise program after completion of a supervised physical therapy program. The records indicate that the patient have previous completed several series of physical treatment including chiropractic and physical therapy sessions. There is no documentation of recent exacerbation of the musculoskeletal condition or re-injury. The criteria for the Chiropractic therapy 8 sessions, 2x4 lumbar spine and left upper extremity was not met, therefore is not medically necessary.

Ultram (Tramadol) 50 mg, generic brand/OTC medication preferred #90: Upheld

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

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

Opioids, long-term assessment, Opioids, specific drug list, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PainChapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain when standard treatment with NSAIDs, non opioid co-analgesics, exercise and physical therapy has failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with sedative medications. The records did not show that the patient failed treatment with NSAIDs and non opioid co-analgesic medications. It was noted that the patient was utilizing OTC Advil for pain. There are no physical limitations or functional deficit due to the pain. There is no documentation of guidelines required compliant monitoring with CURES data reports, UDS reports or absence of aberrant behavior. The criteria for the use of Ultram (Tramadol) 50mg #90 was not met, therefore is not medically necessary.

Medrol dosepak generic brand/OTC medication preferred: 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): Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Steroids.

Decision rationale: The CA MTUS and the ODG guidelines noted that steroids can be utilized for the treatment of musculoskeletal pain. The utilization of systemic formulations of steroid is limited to the acute injury phase and during exacerbation of musculoskeletal pain. There is significant incident of adverse medication effects with utilization of high dose systemic steroid medications. The records did not show subjective or objective findings consistent with severe exacerbation of the musculoskeletal pain. The criteria for Medrol dosepak generic brand was not met, therefore is not medically necessary.