

<b>Case Number:</b>	CM15-0206196		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	12/12/2014
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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, Hawaii  
 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 49-year-old female, who sustained an industrial injury on 12-12-2014. The injured worker was being treated for lumbar strain, lumbar radiculopathy, low back and neck pain status post fall, and facet arthropathy. The injured worker (6-2-2015) reported ongoing cervical and lumbosacral spine pain, which is worse in the low back area. The injured worker (9-15-2015) reported she was still working, but there was increasing difficulty working modified duty. The injured worker reported stopping her Norco due to it causing nausea and dizziness. The injured worker reported pain relief and increased activities of daily living with the use of pain medication. The injured worker denied any adverse effects from her medications. The treating physician noted no evidence of aberrant drug taking behaviors. The medical records show the subjective pain rating was 9 out of 10 on 6-2-2015 and 9-15-2015. The physical exam (6-2-2015) reveals back flexion and extension of 10-20%, painful extension and lateral rotation of the back, and cervical paraspinal muscle spasm with tenderness areas over the bilateral cervical facet joints, trapezius, and supraspinatus muscle. In addition, the physical exam (6-2-2015) reveals neck flexion and extension of 50-60%. There was no documentation of a physical exam on the treating physician's 9-15-2015 report. Per the treating physician (8-18-2015 report), a medication agreement was signed by the injured worker on 6-23-2015 and a Controlled Substance Utilization Review and Evaluation System (CURES) report (8-18-2015) shows "no alternate prescribers or duplicate prescriptions that were previously undisclosed." Per the treating physician (8-18-2015 report), a urine drug screen was collected on this date, but the results were not included in the provided medical records. Treatment has included physical therapy, work

restrictions, a transcutaneous electrical nerve stimulation (TENS) unit, a home exercise program, and medications including pain (Tramadol since at least 5-2015), muscle relaxant, and non-steroidal anti-inflammatory. Per the treating physician (9-15-2015 report), the injured worker remains temporary partially disabled with modified work duty of 6 hours per day. On 9-24-2015, the requested treatments included 10 sessions of physical therapy for the lumbar spine and Tramadol 50 mg. On 10-6-2015, the original utilization review non-certified requests for 10 sessions of physical therapy for the lumbar spine and Tramadol 50 mg.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Physical therapy for the lumbar spine, 10 sessions: 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).

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

**Decision rationale:** The patient presents with pain affecting the lumbar spine. The current request is for Physical therapy for the lumbar spine, 10 sessions. The treating physician report dated 4/20/15 (14B) states, "I therefore recommend an additional 8 sessions of physical therapy." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue with a home exercise program. The medical reports provided show the patient has received prior physical therapy for the low back, although the quantity of sessions received is unclear. The patient's status is not post-surgical. In this case, the patient has received an unknown amount of physical therapy sessions to date and therefore the current request of an additional 10 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment beyond the MTUS guidelines. The current request is not medically necessary.

#### **Tramadol 50mg, #30: Overturned**

**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, criteria for use.

**Decision rationale:** The patient presents with pain affecting the lumbar spine. The current request is for Tramadol 50mg, #30. The treating physician report dated 9/15/15 (7B) states, "The patient reports analgesia from medication consumption. The patient reports increased activities of daily living derived from medication use." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be

indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The report dated 9/15/15 (7B) notes that the patient experiences a decrease in pain while on current medication. Patient noted no adverse effects or adverse behavior. The patient's ADL's have improved such as the ability to work on modified duty (6B). The patient's last urine drug screen was consistent and the physician has a signed pain agreement and CURES report on file as well. The continued use of Tramadol has improved the patient's symptoms and has allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patients pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.