

Case Number:	CM15-0207475		
Date Assigned:	10/26/2015	Date of Injury:	08/25/2010
Decision Date:	12/11/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/21/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 47-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of August 25, 2010. In a Utilization Review report dated September 22, 2015, the claims administrator partially approved a request for 8 sessions of physical therapy as 6 sessions of the same, approved Mobic, and partially approved tramadol, seemingly for weaning purposes. A September 17, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On a handwritten note dated September 17, 2015, the applicant reported ongoing complaints of neck and shoulder pain. The note was very difficult to follow and not altogether legible. The applicant was given a rather proscriptive 10-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. Physical therapy, tramadol, and Mobic were renewed. No seeming discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy sessions for the neck with gentle cervical traction (2x4): Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

Decision rationale: No, the request for 8 sessions of physical therapy for the neck to include traction was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, traction, i.e., the modality at issue, is deemed "not recommended" in the evaluation and management of applicants with neck and upper back pain complaints as were/are present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of treatment. Here, the attending provider's handwritten September 17, 2015 progress note failed to furnish a clear or compelling rationale for selection of traction, i.e., a passive modality, as of this late stage in the course of the claim, a little over 5 years removed from the date of injury. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, it did not appear that the applicant was working with a rather proscriptive 10-pound lifting limitation on September 17, 2015. It did not appear that the applicant could stand to gain from further treatment, going forward. Clear treatment goals underpinning the need for further treatment, going forward, were not articulated. Therefore, the request was not medically necessary.

Tramadol 50 mg #120: 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): Opioids, criteria for use.

Decision rationale: Similarly, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not clearly reported on the handwritten September 17, 2015 office visit at issue. It did not appear, however, that the applicant was working with a rather proscriptive 10-pound lifting limitation imposed on that date. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.