

Case Number:	CM15-0022091		
Date Assigned:	02/11/2015	Date of Injury:	01/14/2014
Decision Date:	04/08/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/05/2015

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

Certification(s)/Specialty: Internal Medicine, 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 is a 67 year old female, who sustained an industrial injury on 1/14/2014. She reports falling backwards from a school bus, injuring the lower back. Diagnoses include disc disorder without myelopathy and lumbar degenerative disc disease. Treatments to date include physical therapy and medication management. A progress note from the treating provider dated 1/8/2015 indicates the injured worker reported neck, right shoulder and lower back pain. The injured worker reported a prior shoulder injury with surgery. On 1/22/2015, Utilization Review non-certified the request for additional 6 sessions of physical therapy repeat magnetic resonance imaging of the lumbar spine and Ultram 50mg #60, citing MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy, twice weekly, lumbar spine quantity 6.00 per 01/07/15 report:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted and reviewed documentation indicated the worker was experiencing pain in the neck, lower back, and right shoulder. There was no discussion describing the reason additional therapist-directed physical therapy sessions were needed or the expected benefit(s) compared with a home exercise program. In the absence of such evidence, the current request for six sessions of additional physical therapy for the lower back done twice weekly is not medically necessary.

Repeat MRI of the lumbar spine quantity 1.00 per 01/07/15 report: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-326.

Decision rationale: The ACOEM Guidelines recommend reserving advanced imaging of the lumbar spine with MRI for those with clear objective examination findings identifying specific nerve compromise when the symptoms and findings do not respond to treatment with conservative management for at least a month and when surgery remains a treatment option. These Guidelines also encourage that repeat advanced imaging should be limited to those with newly worsened or changed signs and symptoms. The submitted and reviewed documentation indicated the worker was experiencing pain in the neck, lower back, and right shoulder. Documented examinations did not describe findings consistent with an issue involving a specific spinal nerve. There was no indication symptoms or findings had worsened or changed since the prior imaging was done. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a repeat MRI of the lumbar spine is not medically necessary.

Ultram (Tramadol) 50mg quantity 60.00 per 01/07/15 report: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, page 124.

Decision rationale: Tramadol is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions.

Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts, use and of drug screening with issues of abuse or addiction. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper is recommended. The submitted and reviewed documentation indicated the worker was experiencing pain in the neck, lower back, and right shoulder. The documented pain assessments were minimal and included few of the elements encouraged by the Guidelines. There was no indication the worker had improved pain intensity or function with this specific medication, a detailed individualized risk assessment was not provided, and there was no documented exploration of potential negative effects. In the absence of such evidence, the current request for 60 tablets of Ultram (tramadol) 50mg is not medically necessary. While the Guidelines support the use of an individualized taper to avoid withdrawal effects, the risks of continued use significantly outweigh the benefits in this setting based on the submitted documentation, and a wean should be able to be completed with the medication available to the worker.