

Case Number:	CM15-0024694		
Date Assigned:	02/17/2015	Date of Injury:	05/19/2011
Decision Date:	03/27/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/09/2015

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
 Certification(s)/Specialty: Emergency 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:

This 54 year old female sustained a work related injury on 05/19/2011. Mechanism of injury was documented as occurring while mopping. Diagnoses included status post cervical fusion, uncertain levels in 2011 and chronic cervical pain with upper extremity symptoms. According to a progress report dated 01/08/2015, the injured worker reported cervical pain with left upper extremity symptoms, rated 5 on a scale of 1-10. With medication, the injured worker reported improved range of motion, maintained activities of daily living such as preparation of food and taking out the trash and greater adherence to physical methods including exercise and healthy activity level. Pain is 10/10 without medications but improves to 5-6/10 with tramadol. Medications listed are Tramadol, Cyclobenzaprine and NSAIDs. CT of cervical spine dated 10/10/14 revealed post fusion changes, diffuse and variable foraminal stenosis and mild disc bulge. On 01/08/2015, Utilization Review non-certified 12 physical therapy sessions for the cervical spine and Tramadol ER 150mg #60 and modified 8 acupuncture sessions. According to the Utilization Review physician, in regard to physical therapy, 10 sessions have already been certified and 12 additional sessions is not medically necessary. CA MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine were referenced. In regard to Acupuncture, guidelines recommend an initial trial of 3-6 treatment with further treatments dependent on functional improvement. CA MTUS Acupuncture Medical Treatment Guidelines were referenced. In regard to Tramadol, documentation did not show evidence of improvement as a result of Tramadol. CA MTUS Chronic Pain Medical Treatment Guidelines, Opioids were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions for the Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physical Medicine Guidelines, California Chronic pain Medical Treatment Guidelines (May 2009)

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Guidelines also recommend only up to 10 PT sessions for the diagnosis listed. Patient has already completed 10 prior sessions. The provider has failed to provide any rationale or reasoning for additional sessions. There is no documentation as to why the patient cannot perform home exercise program or why additional sessions is necessary. Additional Physical Therapy is not medically necessary.

8 Acupuncture Sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Acupuncture Medical Treatment Guidelines, Official Medical Fee Schedule (OMFS)

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As per MTUS Acupuncture guidelines, an initial trial of 3-6 sessions are recommended with appropriate documentation of objective improvement before any additional sessions are recommended. The request of 8 sessions exceeds guidelines recommendation. 8 Acupuncture sessions are not medically necessary.

Tramadol ER 150MG #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Chronic pain Medical Treatment Guidelines (May 2009)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Tramadol/ Ultram is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Provider has documented

appropriate objective improvement of pain and function with use of tramadol. Patient has appropriate assessment of adverse events and aberrant behavior. Medications appears to be effective with no noted side effects. Long term plan by provider is noted. Continued use of tramadol is medically necessary.