

Case Number:	CM15-0024772		
Date Assigned:	02/17/2015	Date of Injury:	07/02/2012
Decision Date:	03/30/2015	UR Denial Date:	01/14/2015
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: Family Practice

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 38 year old male patient, who sustained an industrial injury on 07/02/2012. A primary treating office visit dated 12/08/2014 reported subjective complaint of headaches, neck pain, mid-upper back pain, low back pain, left arm/shoulder pain, bilateral knees and left ankle/foot pains. In addition, he is noted with pain and numbness to bilateral wrists/hands. Objective findings showed cervical spine with grade 2-4 tenderness to palpation over the paraspinal muscles; there is restricted range of motion. The thoracic spine also with grade 2-3 tenderness over the paraspinal muscles. The lumbar spine with tenderness to palpation over the paraspinal muscles. The following diagnoses are applied; head pain; dental trauma; bilateral temporomandibular joint syndrome; thoracic musculoligamentous strain/sprain; lumbosacral spine disc protrusion with anterolisthesis; right chest wall contusion; left shoulder strain/sprain; left shoulder tendonitis; rule out impingement syndrome; bilateral wrist strain/sprain; statuspost left wrist surgery times 2; left ankle strain/sprain; rule out healed fracture left ankle and sleep disturbance. A request was made for chiropractic therapy 12 sessions, Tramadol and consultation for left wrist/chiro. On 01/14/2015, Utilization review, non-certified the request, noting the CA MTUS Chronic Pain, Chiropractic treatment, Tramadol, Opioids were cited. The injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of manual therapy and manipulation, to include chiropractic therapy as a treatment modality. These guidelines state the following: Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care Not medically necessary. Recurrences/flare-ups Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. In this case it is unclear which body part is being treated with chiropractic therapy. If it is the patient's wrist, the MTUS guidelines do not recommend chiropractic therapy. If it is the patient's back, the MTUS guidelines there should be a trial of 6 visits with documentation of functional outcomes provided to assess the treatment effect. There is no evidence of a functional evaluation as part of the request for chiropractic treatment. Further, the records indicate that the patient has already received an unspecified number of chiropractic treatment sessions. However, there is insufficient documentation as to the number of prior sessions and whether there was an ongoing assessment of functional benefit. Without this documentation, there is no evidence in support of the requested additional sessions of chiropractic therapy 2 X a week for 6 weeks. This request is not considered as medically necessary.

Tramadol 50mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids, Criteria for Use Page(s): 93-94, 11.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 80.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including Tramadol. These guidelines have established criteria on the use of opioids for the ongoing management of pain. Actions should include: prescriptions from

a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 A's for Ongoing Monitoring." These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Treatment with Tramadol is not considered as medically necessary.

Consultation for left wrist hardware: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: The MTUS/ACOEM Guidelines provide comment on the need for consultation in patients with forearm, wrist and hand complaints. Regarding the need for consultation, the guidelines state the following: Referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature. Fail to respond to conservative management, including worksite modifications. Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and, especially, expectations is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. In this case, the treating physician is apparently an Orthopedic surgeon. It is not documented why an Orthopedic surgeon would need consultation to remove wrist hardware. Further, there is no evidence in the available records to suggest the presence of red flag

symptoms that would warrant removal of the hardware. For these two reasons, consultation for left wrist hardware is not considered as medically necessary.