

Case Number:	CM150213775		
Date Assigned:	11/03/2015	Date of Injury:	04/17/2013
Decision Date:	12/22/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	10/30/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 61 year old female who sustained an industrial injury on 4/17/2013. A review of medical records indicates the injured worker is being treated for unspecified site of ankle sprain, sprain of unspecified site of elbow and forearm, other and unspecified injury to the knee, ankle, and foot, and lumbar sprain. Medical records dated 10/19/2015 noted pain in the head, neck, upper back, shoulder, arms, elbows, wrist, and hands. Pain severity was rated a 6 out of 10, at its best 5 out of 10, worst 9 out of 10, and average pain 7 out of 10. Pain was the same since the last visit. Physical examination of the cervical spine revealed full range of motion with tightness. Lumbar range of motion was full but painful. There was tenderness to the lumbar spine. Bilateral knees revealed full range of motion. There was tenderness to palpation over the medial and lateral joint lines on the left. Urine toxicology showed compliance. Treatment has included physical therapy (amount unknown) and tramadol since at least 4/4/2015. Utilization review form noncertified MRI of the lumbar spine, physical therapy 2x5, and Tramadol 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non MTUS Citation Official Disability Guidelines (ODG), www.odg.twc.com: Section Low Back Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non MTUS Citation Official Disability Guidelines (ODG) Low Back, MRIs (Magnetic resonance imaging).

Decision rationale: Per the ODG guidelines with regard to MRI of the lumbar spine: Recommended for indications below. MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). (Bigos, 1999) (Mullin, 2000) (ACR, 2000) (AAN, 1994) (Aetna, 2004) (Airaksinen, 2006) (Chou, 2007) Magnetic resonance imaging has also become the mainstay in the evaluation of myelopathy. An important limitation of magnetic resonance imaging in the diagnosis of myelopathy is its high sensitivity. Indications for imaging
Magnetic resonance imaging: Thoracic spine trauma: with neurological deficit Lumbar spine trauma: trauma, neurological deficit Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit) Uncomplicated low back pain, suspicion of cancer, infection, other red flags Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Uncomplicated low back pain, prior lumbar surgery Uncomplicated low back pain, cauda equina syndrome Myelopathy (neurological deficit related to the spinal cord), traumatic Myelopathy, painful Myelopathy, sudden onset Myelopathy, stepwise progressive Myelopathy, slowly progressive Myelopathy, infectious disease patient Myelopathy, oncology patient Repeat MRI: When there is significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation) Per progress report dated 8/24/15 it was noted that the injured worker complained of pain in the head, neck, upper back, shoulders, arms, elbows, wrist and hands. She also complained of worsening lower back pain, knees, ankles, and feet with radiation into the right leg. The pain is associated with numbness and tingling in the hands. Per physical exam, motor strength was 5/5 and symmetric throughout the bilateral upper and lower extremities. There was diminished sensation in the bilateral L4 and L5 dermatomes of the lower extremities. I respectfully disagree with the UR physician's assertion that there were no neurological findings documented to warrant MRI. The request is medically necessary.

Physical therapy 2 times a week for 5 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on NonMTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy.

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self directed home Physical Medicine. The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted."Per the ODG guidelines: Lumbar sprains and strains (ICD9 847.2): 10 visits over 8 weeks Sprains and strains of unspecified parts of back (ICD9 847): 10 visits over 5 weeks Spinal stenosis (ICD9 724.0): 10 visits over 8 weeks, see 722.1 for postsurgical visits Per the medical records, the injured worker was treated with an unknown amount of physical therapy, and response was not documented. Absent supporting documentation, the medical necessity of additional physical therapy cannot be affirmed. Furthermore, per the guidelines, patients should be formally assessed after a "six visit clinical trial" to determine whether continuing with physical therapy is appropriate. The request for 10 visits is not appropriate. The request is not medically necessary.

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Review of the available medical records reveals no documentation to support the medical necessity of tramadol nor any documentation addressing the '4 A's' domains, which is a recommended practice for the ongoing management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the

treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. It was noted that UDS was performed in office 8/24/15, the substances tested for were TCAs, amphetamines, methamphetamines, cocaine, PCP, opioids, Oxycodone, MDMA, benzodiazepines, barbiturates, THC and methadone. The results were negative. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. The request is not medically necessary.