

Case Number:	CM15-0218217		
Date Assigned:	11/10/2015	Date of Injury:	03/27/2015
Decision Date:	12/21/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	11/05/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45 year old male, who sustained an industrial-work injury on 3-27-15. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc protrusions, lumbar facet syndrome, lumbar radiculitis, and lumbar sprain and strain. Treatment to date has included pain medication, Tramadol since at least 7-23-15, physical therapy at least 18 sessions, activity modifications, diagnostics and other modalities. The treating physician indicates that the urine drug test result dated 8-29-15 was consistent with the medication prescribed. The physician indicates that lumbar x-rays dated 5-21-15 reveal mild disc space narrowing at L5-S1 and L1-2. Magnetic resonance imaging (MRI) of the lumbar spine dated 8-18-15 reveals L1-2 disc bulge with minimal central canal narrowing, there is L4-5 broad based disc bulge with left disc protrusion that produces mild central canal narrowing and moderate left neural foraminal narrowing. There is L5-S1 broad based disc bulge with degenerative facet disease and moderate bilateral foraminal narrowing. The computerized axial tomography (CT scan) of the lumbar spine dated 3-27-15, the physician indicates that it reveals a disc osteophyte complex at L5-S1 with mild to moderate bilateral foraminal narrowing. Medical records dated 8-27-15 indicate that the injured worker complains of severe low back pain that radiates to the bilateral lower extremities (BLE) especially the right lower extremity (RLE). He reports that he has done 18 sessions of physical therapy with benefit but does have persistent pain that is severe at times. The physician indicates that he takes Tramadol as needed and it provides functional improvement. Per the treating physician report dated 8-27-15 work status is temporarily totally disabled. The physical exam reveals lumbar tenderness and spasm, tenderness in the sacroiliac joints bilaterally, and the sciatic notches bilaterally. The lumbar range of motion is decreased secondary to pain. The physician indicates that the injured worker will benefit from

additional physical therapy for stretching, core strengthening and modalities. He will benefit from epidural steroid injection (ESI) in the lumbar region and he will benefit from Tramadol for severe pain. The medical records do not indicate radicular pain with corroborative findings of radiculopathy. The medical records do not indicate decreased pain, increased level of function or improved quality of life. The records do not indicate least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. The requested services included Physical therapy, 2 times weekly for 3 weeks, 6 session, stretching, core, Lumbar corticosteroid injection at L4-L5, L5-S1 (sacroiliac) and Tramadol 150 mg Qty 30, retrospective DOS 08-27-15. The original Utilization review dated 10-2-15 non-certified the request for Physical therapy, 2 times weekly for 3 weeks, 6 session, stretching, core, Lumbar corticosteroid injection at L4-L5, L5-S1 (sacroiliac) and Tramadol 150 mg Qty 30, retrospective DOS 08-27-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 2 times weekly for 3 weeks, 6 session, stretching, core: 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 rationale: Review indicates the patient is s/p 18 PT visits and continues to treat for ongoing symptoms and impaired function. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received previous therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this injury. Submitted reports have not adequately demonstrated the indication to support further 6 physical therapy sessions when prior 18 treatment rendered has not resulted in any functional benefit. The physical therapy, 2 times weekly for 3 weeks, 6 session, stretching, core is not medically necessary and appropriate.

Lumbar corticosteroid injection at L4-L5, L5-S1 (sacroiliac): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend nerve root block as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any radicular findings, myotomal / dermatomal neurological deficits or remarkable correlating diagnostics to support the nerve injections. There is no report of acute new injury, progressive deterioration or red-flag conditions to support for pain procedure. Criteria for the epidurals have not been met or established. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. The lumbar corticosteroid injection at L4-L5, L5-S1 (sacroiliac) is not medically necessary and appropriate.

Tramadol 150 mg Qty 30, retrospective DOS 08/27/15: 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, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

Decision rationale: The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated specific improvement in daily activities, improved functional status, decreased clinical deficit, decreased VAS level, decreased pharmacological dosing, attempt of tapering off medications, or decreased in medical utilization. There is no evidence presented of recent random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing of opioid and use of overall medication profile with persistent severe pain for this chronic injury without acute flare, new injury, or progressive neurological deterioration. The Tramadol 150 mg Qty 30, retrospective DOS 08/27/15 is not medically necessary and appropriate.