

Case Number:	CM15-0222090		
Date Assigned:	11/17/2015	Date of Injury:	11/03/1999
Decision Date:	12/30/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/10/2015

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, Hawaii

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 49-year-old female who sustained an industrial injury on 1-3-99. A review of the medical records indicates she is undergoing treatment for post-concussive syndrome, loss of consciousness and delirium, cervical radiculopathy, and dystonia. Medical records (5-14-15 and 8-20-15) indicate that the injured worker is receiving Botox injections for cervical dystonia. She has also been receiving physical therapy to "maximize range of motion and functioning" (8-20-15). The provider indicates that she is "off Norco, etc. with physical therapy". The objective findings indicate "no change in exam" (8-20-15). Diagnostic studies have included an MRI of the cervical spine and an EMG-NCV of bilateral upper extremities. Treatment has included Botox injections, medications, and at least 7 sessions of physical therapy in 2011. The treatment recommendations (8-20-15) include Tramadol as needed and physical therapy x 12 visits to maximize strength after Botox injections. The utilization review (10-27-15) includes requests for authorization of "unknown" Tramadol and 12 sessions of physical therapy. Both requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Tramadol: 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: The patient presents with cervical dystonia. The current request is for Unknown Tramadol. The treating physician's report dated 11/12/2015 (12B) states, "Rx has helped control torticollis. PT/ and analgesic have allowed [REDACTED] to return to work." The patient was prescribed Tramadol prior to 05/2015. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. There are no before and after pain scales to show analgesia. No validated instruments were used. There is no pain management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided as required by MTUS Guidelines. The physician did not provide a urine drug screen to see if the patient is compliant with his prescribed medications. Furthermore, the request does not specify the quantity. In this case, the physician has not provided the proper documentation of the required criteria based on the MTUS Guidelines for continued opiate use. The current request is not medically necessary.

12 sessions of physical therapy: 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: The patient presents with cervical dystonia. The current request is for 12 sessions of Physical Therapy. The treating physician's report dated 11/12/2015 (12B) states, "Botox at USC along with PT and Rx has helped control torticollis. PT/and analgesic have allowed [REDACTED] to return to work." No physical therapy reports were provided. The patient is not post-surgical. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. In this case, it appears that the patient has received some unknown number of physical therapy recently. While benefit was noted with physical therapy, the requested 12 sessions exceed MTUS Guidelines. The patient should now be able to transition into a self-directed home exercise program to improve strength and flexibility. The current request is not medically necessary.