

Case Number:	CM15-0043260		
Date Assigned:	03/13/2015	Date of Injury:	09/17/1999
Decision Date:	05/01/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/06/2015

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 male, who sustained an industrial injury on September 17, 1999. The injured worker reported low back pain. The injured worker was diagnosed as having lumbar stenosis and status post lumbar decompression. Treatment and diagnostic studies to date have included physical therapy, surgery and medication. The most current treatment provided is a physical therapy note dated September 8, 2014 the injured worker complains of intermittent back pain rated 7/10. The pain is worse depending on the weather. He does home exercise program. The plan is to continue to increase range of motion (ROM).

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

Decision rationale: This patient has a date of injury of 09/17/1999 and presents with complaints of left greater than right lateral and posterior lumbar region pain at the iliac crest. The patient also complains of tingling sensation to the left lower leg. The current request is for 8 physical therapy sessions. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis, and neuritis type symptoms 9 to 10 sessions over 8 weeks. The medical file provided for review includes 1 progress report dated 07/28/2014. According to this report, "The patient has had some prior physical therapy but denied any prior medical history involving this area prior to the accident." Under treatment plan, it was noted "The patient will be given a home exercise and ice program." Review of the medical file indicates the patient underwent a short course of 6 physical therapy sessions in July of 2014. The physical therapy progress notes are handwritten and partially illegible. The patient has been participating in a home exercise program and the treating physician does not discuss why the patient requires additional physical therapy treatment at this time. There is no discussion of new injury, new diagnosis, new examination finding, or recent surgery to warrant additional sessions. The requested additional physical therapy is not medically necessary.

Tramadol 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

Decision rationale: This patient has a date of injury of 09/17/1999 and presents with left greater than right lateral and posterior lumbar region pain at the iliac crest. He also complains of tingling sensation to the left lower leg. The current request is for tramadol 150 mg #60. The medical file provided for review includes 1 progress report. It is unclear if this is a request a refill or an attempt at initiating a new medication. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain; intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In this case, recommendation for initiating a new opioid cannot be supported as there are no functional assessments to necessitate a start of a new opioid. MTUS states that "functional assessments should be made before initiating a new opioid. Function should include social, physical, psychological, daily and work activities." If this request is for continuation of medication, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request is not medically necessary.