

Case Number:	CM15-0089227		
Date Assigned:	05/13/2015	Date of Injury:	11/25/2010
Decision Date:	06/15/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/11/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 60 year old male, who sustained an industrial injury on 11/25/2010. According to a progress report dated 04/15/2015, the injured worker had lower back pain that was constant with associated numbness to the right anterior thigh. He had difficulty walking, stiffness and numbness at exerting. He complained of constant left knee pain, on and off right knee pain and frequent right shoulder pain. He was not able to sleep on his shoulder. Pain scale was not provided. Diagnoses included residuals left knee after prior left knee arthroscopic surgery, right knee pain and mechanical symptoms, right knee medial meniscus tear, status post left knee arthroscopy 11/2011 and 05/2013, status post right knee arthroscopy 12/2012 and right shoulder impingement. Treatment plan included home exercises, Agreed Medical Evaluation on 04/20/2015, Prilosec, Tramadol, Mentherm, continued use of cane and follow up with named provider as needed who recommended surgery of the lumbar spine. According to the orthopedic provider who the injured worker was seen by on 04/18/2015, the provider noted that the injured worker was being followed for a diagnosis of lumbar spinal stenosis L4-5, L5-S1. He had a history of neurogenic claudication. He had back pain and leg pain. The provider noted that the injured worker was deemed a surgical candidate by two other physicians but was denied by the judge. Physical examination demonstrated +2 lumbar paraspinous muscle spasm, tenderness to palpation of the lumbar paraspinous muscles and decreased sensation to the S1 dermatome on the right. Motor strength was decreased in the right peroneals and gastrosoleus complex. Straight leg raise was positive on the right at 60 degrees. Treatment plan included a posterior lumbar

antibody fusion at L4-5 and L5-S1 and a follow up in four weeks. Currently under review is the request for a follow-up with named provider/orthopedic for lumbar spine and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-Up With Dr Cohen/Orthopedic For Lumbar Spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: Technically, ACOEM Chapter 7 is not within the MTUS collection; therefore, it is more appropriately cited under the "Other Guidelines" categorization. In this case, it is mentioned that two physicians recommended lumbar surgery, but it was denied judicially. ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. This request for the referral back to orthopedics fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. At present, the request is not medically necessary.

Tramadol 37.5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Pain interventions and treatments Page(s): s 12,13, 83, and 113.

Decision rationale: Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long term use of is therefore not supported. The request is not medically necessary.

