MAXIMUS Federal Services

Case Number:	CM14-0151295		
Date Assigned:	09/19/2014	Date of Injury:	02/15/2012
Decision Date:	10/23/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/16/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of February 15, 2012. Thus far, the applicant has been treated with the following: analgesic medications; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; and opioid agents. In a Utilization Review report dated August 13, 2014, the claims administrator partially certified a request for 12 sessions of chiropractic manipulative therapy as four sessions of the same. Chapter 8 ACOEM Guidelines were cited, along with the MTUS Chronic Pain Medical Treatment Guidelines. The claims administrator partially certified Tramadol for weaning purposes on the grounds that the applicant had failed to respond favorably to the same. The claims administrator stated that the applicant had had 44 sessions of chiropractic manipulative therapy in addition to 18 sessions of physical therapy. The applicant's work status was not stated on the Utilization Review Report. In a February 5, 2014 progress note, the applicant reported persistent complaints of neck and low back pain. Cervical epidural steroid injection therapy was sought. The applicant's work status was not provided. In a March 17, 2014 pain management consultation, it was acknowledged that that the applicant was not working and apparently last worked in January 2014, some several months prior. MRI imaging of the cervical, thoracic, and lumbar spines was sought, along with chiropractic manipulative therapy and cryotherapy. The applicant received medication refills on April 28, 2014. The applicant stated that Naproxen and Tramadol were ameliorating his pain complaints. The applicant's work status was not furnished, however, nor did the attending provider outline any improvements in function achieved as a result of ongoing medication usage. MRI imaging of multiple body parts was again sought. On May 28, 2014, the applicant reported persistent complaints of neck and low back pain. The attending provider noted that the applicant had had MRI imaging of the cervical and lumbar spines which revealed low-grade disk bulges of

uncertain significance. Additional chiropractic manipulative therapy was sought. Tramadol was renewed. The applicant's work status was not clearly stated on this occasion. On June 23, 2014, additional manipulative therapy was sought. Tramadol was again renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment to the cervical, thoracic and lumbar spine 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 59-60.

Decision rationale: The applicant has already had prior chiropractic treatment (44 sessions, per the claims administrator) seemingly well in excess of the 24 sessions recommended on pages 59-60 of the MTUS Chronic Pain Medical Treatment Guidelines. 24 is the number of sessions recommended in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status. In this case, it is further noted that it does not appear that the applicant has, in fact, returned to and/or maintained successful return to work status despite having had earlier chiropractic manipulative therapy already in excess of MTUS parameters, although it is acknowledged that the applicant's treating providers have failed to clearly report the applicant's work status from visit to visit. Therefore, the request is not medically necessary.

Tramadol 50mg every 12 hrs as needed #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the use of the opioid medication. In this case, however, the attending provider has not outlined the presence of any material improvements in function or quantifiable decrease in pain achieved as a result of ongoing Tramadol usage, nor has the requesting provider clearly stated the applicant's work status. Therefore, the request is not medically necessary.