

Case Number:	CM14-0049476		
Date Assigned:	07/07/2014	Date of Injury:	08/30/2012
Decision Date:	09/16/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/17/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 50-year-old male who has submitted a claim for lumbar spine herniated nucleus pulposus, hypertension, gouty arthritis associated with an industrial injury date of 8/30/2012. Medical records from 2013 to 2014 were reviewed. Patient complained of low back pain, graded 6/10 in severity, radiating to bilateral lower extremities. Aggravating factors included lifting, bending, and prolonged sitting and standing. Physical examination showed muscle spasm and tenderness of the paralumbar muscles. Range of motion of the lumbar spine was restricted. Kemp's test was positive on the left. Straight leg raise test was positive bilaterally. Reflexes were intact. Treatment to date has included lumbar epidural steroid injection, physical therapy x 14 sessions, acupuncture x 5 sessions, and medications such as Norco, Simvastatin, diclofenac, and Ultram (since January 2014). Utilization review from 3/20/2014 denied the request for physical therapy x 8 sessions because of no documentation of objective functional improvement from previous therapy visits; denied acupuncture x 8 sessions because there was no documentation of objective functional improvement from previous visits; and modified the request for tramadol #30 two tramadol 50 mg, #30 b.i.d. for the purpose of weaning because of no evidence of objective benefits from tramadol use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x8: Upheld

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

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

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, patient has completed 14 sessions of physical therapy. The documented rationale for extending physical therapy sessions is to prevent acute exacerbation of injury. A report from 4/8/2014 cited that it resulted to improvement in bilateral lower extremity strength. However, it is unclear why patient cannot transition into an independent home exercise program to address residual deficits. Moreover, the request failed to specify body part to be treated. The request is incomplete; therefore, the request for Physical Therapy x 8 sessions is not medically necessary.

Acupuncture x8: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture treatments may be extended if functional improvement is documented. The frequency and duration to produce functional improvement is 3 - 6 treatments, frequency of 1 - 3 times per week, and duration of 1 - 2 months. It may be extended if functional improvement is documented. In this case, patient has completed 5 sessions of acupuncture. A report from 4/1/2014 cited that it provided symptomatic relief. However, there was no documentation concerning objective functional improvement or decreased medication usage associated with acupuncture. The request likewise failed to specify body part to be treated. The request is incomplete; therefore, the request for Acupuncture x 8 sessions are not medically necessary.

Tramadol # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects,

physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on tramadol since January 2014. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Tramadol #30 is not medically necessary.