MAXIMUS Federal Services

Case Number:	CM14-0212434		
Date Assigned:	01/02/2015	Date of Injury:	11/07/2013
Decision Date:	02/28/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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, Ohio, 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 7, 2013. In a Utilization Review Report dated December 11, 2014, the claims administrator failed to approve a request for two-week trial of a home inversion table and Tylenol No. 3. The claims administrator referenced an October 8, 2014 progress note and November 5, 2014, lumbar MRI in its determination. The applicant's attorney subsequently appealed. Electrodiagnostic testing of bilateral lower extremities of December 13, 2014, was notable for chronic L5 radiculopathy. A progress note dated December 3, 2014, was notable for comments that the applicant had ongoing complaints of low back pain, 8/10. It was suggested (but not clearly stated) whether the applicant was working with restrictions. Naprosyn and inversion table (traction device) were endorsed for temporary nerve compression. Tylenol No. 3 was also refilled on a p.r.n. basis. A 25-pound lifting limitation was endorsed. In a medical-legal evaluation dated November 17, 2014, the applicant was described as using Naprosyn, metformin, Tylenol No. 3, and tramadol. The applicant was a type 2 diabetic, it was stated. The applicant was not participating in recreational activities. The applicant was asked to continue working modified duty. The applicant was a potential candidate for surgical intervention involving a large 7 mm herniated disk at L5-S1, it was stated. In a November 3, 2014 progress note, the attending provider stated that the applicant's usage of Naprosyn, Tylenol No. 3, and tramadol effectively reduced her pain from 8/10 to 5/10. The applicant was working with restrictions, it was again reported. A 25-pound lifting limitation was endorsed. Traction was sought. On October 8, 2014, the attending provider stated that the

applicant's usage of pain medications was reducing her pain scores from 9/10 without medications to 6/10 with medications. A rather permissive 25-pound lifting limitation was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two week trial of home inversion table: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Spine

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 309, 49,Chronic Pain Treatment Guidelines Physical Medicine topic. Page(s): 98.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309 and the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, page 49, traction, the modality at issue, is deemed "not recommended." Here, it is further noted that request in question was initiated some one-year removed from the date of the injury. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines notes that passive modalities such as traction should be employed "sparingly" during the chronic pain phase of the claim. Here, the applicant has reportedly return to modified duty work and is apparently able to perform home exercises of her own accord. The attending provider has not clearly established or outlined how introduction, selection, and/or ongoing usage of a passive modality such as traction would be beneficial here. Therefore, the request was not medically necessary.

Tylenol # 3, 30 tablets: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. 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 same. Here, the applicant has apparently returned to work and continues to work with a rather permissive 25-pound lifting limitation in place. Multiple progress notes, referenced above, suggested that the applicant is deriving appropriate analgesia achieved as a result of ongoing medication consumption, including ongoing Tylenol No. 3 usage. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.