

Case Number:	CM15-0016641		
Date Assigned:	02/05/2015	Date of Injury:	02/23/2009
Decision Date:	03/30/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/29/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 45 year old male who sustained an industrial injury when he tripped and strained his back on February 23, 2009. The injured worker was diagnosed with lumbar degenerative disc disease, hemangioma of the lumbar spine per magnetic resonance imaging (MRI), clinical lumbar radiculopathy and lumbar strain/sprain. Electromyography (EMG)/Nerve Conduction Studies (NCS) in September 2012 were within normal limits and without evidence of lumbar radiculopathy according to the October 16, 2014 orthopedic physician's review. According to the treating physician's progress report on December 9, 2014, the injured worker continues to experience pain and discomfort with radiation to the bilateral lower extremities. Current medications are noted as Tramadol and Orphenadrine. Treatment modalities consisted of conservative measures, physical therapy, acupuncture therapy, chiropractic therapy and medication. The injured worker is Permanent & Stationary (P&S) as of November 25, 2013. The treating physician requested authorization for Tramadol 50 mg QTY: 80.00 with 2 refills; 5 Sessions of physiotherapy for the lumbar spine defaulted over one month. On January 16, 2015 the Utilization Review modified the certification for Tramadol 50 mg QTY: 80.00 with 2 refills to Tramadol 50 mg QTY: 80.00 with 0 refills and denied the certification for 5 Sessions of physiotherapy for the lumbar spine defaulted over one month. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50milligrams QTY: 80.00 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Tramadol 50milligrams QTY: 80.00 with 2 refills The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement. Furthermore the 11/15/14 AME states that the patient should use non narcotic preparations for symptomatic treatment. For all of these reasons the request for Tramadol is not medically necessary.

5 Sessions of physiotherapy for the lumbar spine defaulted over one month: 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: 5 Sessions of physiotherapy for the lumbar spine defaulted over one month are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has had prior extensive PT since his 2009 injury. An 11/15/14 AME states that there is no further benefit in continuing physical therapy as it has not demonstrated a definable improvement in the past. The MTUS recommends transitioning to an independent home exercise program. The request for 5 more sessions of supervised PT is not medically necessary.