

Case Number:	CM15-0118271		
Date Assigned:	06/26/2015	Date of Injury:	07/08/2014
Decision Date:	10/09/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/18/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 44-year-old male, who sustained an industrial injury on July 8, 2014. The injured worker was diagnosed as having status post L5-S1 microdiscectomy, post laminectomy back pain syndrome, residual lumbar radiculopathy of right S1 and chronic pain. He has a medical history of anxiety, unspecified headaches and insomnia. He has continued low back pain with radiation of pain into the right lower extremity. He has restricted range of motion of the lumbar spine and positive straight leg raise on the right. The injured worker had eight previous physical therapy sessions from 9/10/2014 through October 13, 2014. There was no documentation of a transition to a home exercise program. An MRI of the lumbar spine on February 4, 2015 revealed expected post-operative changes at L5-S1, moderate degenerative disc disease at L5-S1 and no significant spinal canal or foraminal stenosis at any level. Treatment to date has included lumbar laminectomy and microdiscectomy, physical therapy, opioid medications, NSAIDS, and modified work. A request for pain management counseling for chronic low back pain, Ultram 50 mg #90 and physical therapy for the lumbar spine two times per week for six weeks was received on May 14, 2015. The Utilization Review physician determined that the request for pain management counseling for chronic low back pain, Ultram 50 mg #90 and physical therapy for the lumbar spine two times per week for six weeks was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy of the lumbar spine 2 times a week for 6 weeks total 12, outpatient:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy lumbar spine two times per week times six weeks (#12 sessions) as an outpatient is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical committee therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are low back pain; lumbar disc herniation; and lumbar post laminectomy. Date of injury is July 18, 2014. Request for authorization is May 14, 2015. According to a December 8, 2014 progress note, the treating provider prescribed gabapentin and old tram 50 mg. Documentation states the injured worker completed eight sessions of physical therapy in 2014. An additional six physical therapy sessions were requested. According to an April 13, 2015 progress note, the injured worker was enrolled in a functional restoration program and was to start the program in two days. According to a May 14, 2015 progress note, the treatment plan includes a pain management request for psychological counseling, additional physical therapy for the lumbar spine and a refill for Ultram 50 mg. The total number of physical therapy sessions to date is not specified. There is no documentation that demonstrates objective functional improvement from prior physical therapy. The worker was enrolled in a functional restoration program in April 2015 and the number of physical therapy sessions is not documented. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. Based on clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation stating the total number of physical therapy sessions to date, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy is warranted, physical therapy lumbar spine two times per week times six weeks (#12 sessions) as an outpatient is not medically necessary.

Pain management counseling for chronic low back pain, 1 time a week for 8 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Psychological treatment.

Decision rationale: Pursuant to the Official Disability Guidelines, pain management counseling for chronic low back pain one time per week times eight weeks is not medically necessary. Psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, assessing psychological and cognitive function and addressing comorbid mood disorders. The guidelines recommend up to 13-20 visits over 7-20 weeks, if progress is being made. In this case, the injured worker's working diagnoses are low back pain; lumbar disc herniation; and lumbar post laminectomy. Date of injury is July 18, 2014. Request for authorization is May 14, 2015. According to a December 8, 2014 progress note, the treating provider prescribed gabapentin and old tram 50 mg. Documentation states the injured worker completed eight sessions of physical therapy in 2014. An additional six physical therapy sessions were requested. According to an April 13, 2015 progress note, the injured worker was enrolled in a functional restoration program and was to start the program in two days. According to a May 14, 2015 progress note, the treatment plan includes a pain management request for psychological counseling, additional physical therapy for the lumbar spine and a refill for Ultram 50 mg. There is no documentation showing prior psychological evaluation or need for psychological evaluation. The insured worker was enrolled in a functional restoration program and no documentation reflecting psychological point negative predictors for success were documented in the medical record. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation with a clinical indication or rationale for psychological pain management counseling, pain management counseling for chronic low back pain one time per week times eight weeks is not medically necessary.

Ultram 50 mg 1 tablet every 8 hours #90 tabs/month refills 1 for lower back pain as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultram 50 mg 1 PO every eight hours #90 tablets per month time's one refill for low back pain as an outpatient is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are low back pain; lumbar disc herniation; and lumbar post laminectomy. Date of injury is July 18, 2014. Request for authorization is May 14, 2015. According to a December 8, 2014 progress note, the treating provider prescribed gabapentin and old tram 50 mg. Documentation states the injured worker completed eight sessions of physical therapy in 2014. An additional six physical therapy sessions were requested. According to an April 13, 2015 progress note, the injured worker was enrolled in a functional

restoration program and was to start the program in two days. According to a May 14, 2015 progress note, the treatment plan includes a pain management request for psychological counseling, additional physical therapy for the lumbar spine and a refill for Ultram 50 mg. There are no detailed pain assessments in the medical record. There are no risk assessments in the medical record. There is no documentation demonstrating objective functional improvement to support ongoing Ultram 50 mg. There is no documentation showing an attempt to wean Ultram 50mg. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no detailed pain assessments or risk assessments and no attempted weaning of Ultram. Ultram 50 mg 1 PO every eight hours #90 tablets per month times one refill for low back pain as an outpatient is not medically necessary.