

Case Number:	CM15-0122891		
Date Assigned:	07/07/2015	Date of Injury:	01/09/2015
Decision Date:	08/11/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/25/2015

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: Texas, New York, 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 28-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 9, 2015. In a Utilization Review report dated June 16, 2015, the claims administrator partially approved a request for Ultracet, failed to approve a request for six sessions of massage therapy, and partially approved a request for 12 sessions of chiropractic manipulative therapy as six sessions of chiropractic manipulative therapy. The claims administrator referenced an RFA form received on June 12, 2015 and a progress note of May 13, 2015 in its determination. The claims administrator framed the request for Ultracet as a renewal request, stating the applicant would be using the same for several weeks to several months. The applicant's attorney subsequently appealed. On May 13, 2015, the applicant reported ongoing complaints of low back pain with radiation of pain to the right leg. Standing, walking, and lifting remained problematic, it was acknowledged. The applicant had difficulty lifting a gallon of milk. The applicant was given a refill of tramadol-acetaminophen (Ultracet). Six sessions of massage therapy and 12 sessions of manipulative therapy were sought. A rather proscriptive 10-pound lifting limitation was renewed. The applicant was asked to try and lose weight. The attending provider framed the request for manipulative therapy and massage therapy as first-time requests for the same. The attending provider stated that he was intent on having the applicant perform the two modalities in parallel. The attending provider stated that the applicant's medications were beneficial but did not elaborate further. The applicant was described as morbidly obese in the objective section of the note, although the applicant's height and weight were not seemingly documented. Well-preserved lower extremity

motor function was reported. The attending provider suggested that the applicant could be a candidate for a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL/APAP 37.5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for tramadol-acetaminophen (Ultracet), a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. 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, however, the applicant's work status was not clearly reported on an office visit of May 13, 2015, although it did not appear that the applicant was working with a rather proscriptive 10-pound lifting limitation. While the attending provider did report some reduction in pain scores achieved as a result of ongoing Ultracet usage in one section of the note, these reports were, however, outweighed by the attending provider's failure to outline the applicant's work status and the attending provider's reports of difficulty performing activities of daily living as basic as bending, lifting, standing, and walking as of May 13, 2015. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.

6 Massage Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 142-143.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy; Physical Medicine Page(s): 60; 98.

Decision rationale: Similarly, the request for six sessions of massage therapy was likewise not medically necessary, medically appropriate, or indicated here. While page 60 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend massage therapy as an adjunct to other recommended treatments, such as exercise, here, however, there was no mention of the applicant's willingness to utilize the massage therapy in question as a means of facilitating other forms of therapy, such as exercise and/or return potentially returning to work. The attending provider suggested that the applicant was not working as of May 2015. It did not appear that the applicant was intent on employing the proposed massage therapy in conjunction with other recommended treatments such as exercise and/or returning to work. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that passive modalities, as a whole,

should be employed sparingly during the chronic pain phase of treatment. Here, thus, the attending provider's concurrent request for two separate passive modalities, massage and chiropractic manipulative therapy, thus, ran counter to MTUS principles and parameters. Therefore, the request was not medically necessary.

Chiropractic 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Manual therapy & manipulation Page(s): 98; 58.

Decision rationale: Finally, the request for 12 sessions of chiropractic manipulative therapy was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, chiropractic manipulative therapy should initially be delivered via a trial of six visits. Page 58 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that the time deemed necessary to produce effect following introduction of chiropractic manipulative therapy is four to six treatments. Here, thus, the request for what was framed as 12 initial chiropractic treatments, thus, represented treatment at a rate two to three times MTUS parameters. A clear or compelling rationale for such a lengthy, protracted course of therapy well in excess of MTUS parameters was not furnished here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that passive modalities, as a whole, should be employed sparingly during the chronic pain phase of the claim. Here, thus, the request for concurrent usage of two separate passive modalities, manipulation and massage, thus, ran counter to MTUS principles and parameters. Therefore, the request was not medically necessary.