

Case Number:	CM15-0173912		
Date Assigned:	09/15/2015	Date of Injury:	03/27/2001
Decision Date:	11/06/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/03/2015

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

Certification(s)/Specialty: Emergency 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 49 year old male, who sustained an industrial injury on March 27, 2001. On July 9, 2015 the injured worker reported low back pain with left greater than right lower extremity symptoms. He rated his pain an 8 on a 10-point scale. His medications included hydrocodone 7.5 mg twice per day, Naproxen and Colace. On physical examination the injured worker had tenderness of the lumbar spine and his lumbar spine range of motion was limited with pain. He was neurologically unchanged and had a positive straight leg raise. EMG-NCV of the bilateral lower extremities on July 6, 2015 was unremarkable for nerve damage. The evaluating physician noted a concern with regard to gradual crescendo low back pain component, which was greatest with sitting. The provider noted that intradiscal component could not be ruled out and that lumbar radicular component continued to crescendo with resultant instability and near falls. The injured worker was diagnosed as having foraminal stenosis at L4-5 and L5-S1 and facet osteoarthropathy of L4-5 and L5-S1. Treatment to date has included opioid medications and NSAIDS. A request for authorization for MRI of the lumbar spine, Tramadol 150 mg #60, Cyclobenzaprine 7.5 mg #90 and twelve physical therapy sessions for the lumbar spine was received on July 28, 2015. The Utilization Review physician determined on August 11, 2015 that an MRI of the lumbar spine, Tramadol 150 mg #60 and Cyclobenzaprine 7.5 mg #90 were not medically necessary; and determined that twelve (12) physical therapy sessions for the lumbar spine be modified to four (4) physical therapy sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy visits x12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The request is for physical therapy to aid in pain relief. The MTUS guidelines states that manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. It is indicated for low back pain but not ankle and foot conditions, carpal tunnel syndrome, forearm/wrist/hand pain, or knee pain. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. (Fritz, 2007) Active treatments also allow for fading of treatment frequency along with active self-directed home PT, so that less visits would be required in uncomplicated cases. The guidelines state the following: Low back: Recommended as an option. Therapeutic care "Trial of 6 visits over weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care" Not medically necessary. Recurrences/flare-ups "Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months." Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. In this case, the patient does qualify for an initial trial of 6 visits over weeks. If there is evidence of functional improvement, a total of up to 18 visits is warranted. The 12 visits requested would exceed the initial trial as advised. As such, the request is not medically necessary.

Retrospective Tramadol 150mg, #60 (dispensed 7/9/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: Tramadol is a pain medication in the category of a centrally acting analgesic. They exhibit opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Centrally acting drugs are reported to be effective in managing neuropathic type pain although it is not recommended as first line therapy. The side effect profile is similar to opioids. For chronic back pain, it appears to be efficacious for short-term pain relief, but long term (>16 weeks) results are limited. It also did not appear to improve

function. The use of tramadol for osteoarthritis is indicated for short-term use only (<3 months) with poor long-term benefit. In this case, the patient does not meet the qualifying criteria. This is secondary to the duration of use, with this medication being indicated on a short-term basis only. As such, the request is not medically necessary.

Retrospective Cyclobenzaprine 7.5mg, #90 (dispensed 7/9/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The request is for the use of a muscle relaxant to aid in pain relief. The MTUS guidelines state that the use of a medication in this class is indicated as a second-line option for short-term treatment of acute exacerbations of low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, which can increase mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain improvement. Efficacy appears to diminish over time, and prolonged use may lead to dependence. (Homik, 2004) Due to inadequate qualifying evidence and prolonged duration of use, the request is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines ODG Low Back- Lumbar and Thoracic (Acute & Chronic) MRIs (magnetic resonance imaging) 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic)/ MRIs (magnetic resonance imaging).

Decision rationale: The request is for an MRI of the lumbar spine. The ODG guidelines state the following regarding qualifying criteria: Indications for imaging- Magnetic resonance imaging: Thoracic spine trauma: with neurological deficit; Lumbar spine trauma: trauma, neurological deficit. Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit). Uncomplicated low back pain, suspicion of cancer, infection, other "red flags". Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Uncomplicated low back pain, prior lumbar surgery. Uncomplicated low back pain, cauda equina syndrome. Myelopathy (neurological deficit related to the spinal cord), traumatic. Myelopathy, painful. Myelopathy, sudden onset. Myelopathy, stepwise progressive. Myelopathy, slowly progressive. Myelopathy, infectious disease patient. Myelopathy, oncology patient. Repeat MRI: When there is significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the patient would not qualify for an MRI based on the above set standards. This is secondary to a lack of a change in clinical status or described "red flags." There is a lack of documentation of

progressive neurologic deficit with the most recent notes indicating that the neurologic exam is unchanged. Pending further information revealing qualifying indications as listed above, the request is not medically necessary.