

<b>Case Number:</b>	CM15-0067433		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	04/29/2010
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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 49-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of April 9, 2010. In a Utilization Review report dated April 3, 2015, the claims administrator failed to approve requests for physical therapy, tramadol, and a lumbar support. The claims administrator referenced a RFA form of March 31, 2015 in its determination. The claims administrator did, it was incidentally noted, approve Tylenol No. 3. Progress note of March 5, 2015 was also referenced. On January 8, 2015, the applicant reported ongoing complaints of neck, low back, and shoulder pain with derivative complaints of sleep disturbance and depression. Norco, tramadol, and Flexeril were renewed, without any explicit discussion of medication efficacy. On March 5, 2015, 12 sessions of physical therapy, Tylenol No. 3, and tramadol were endorsed, along with a lumbar support. The applicant was apparently in the progress of consulting a spine surgeon and/or considering spine surgery, it was stated. Moderate-to-severe neck, low back, and bilateral shoulder pain was reported. The applicant was given 20-pound lifting limitation. It was not clear whether the applicant was or was not working with said limitation in place. There was little-to-no discussion of medication efficacy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3x4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**Decision rationale:** No, the request for 12 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment proposed, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant did not appear to be working with a rather proscriptive 20 pound lifting limitation in place. The applicant remained dependent on opioid agents such as Tylenol with Codeine and tramadol, it was acknowledged. The applicant was in process of consulting a spine surgeon. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.

**Tramadol 50mg one q6hrs #60:** Upheld

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

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

**Decision rationale:** Similarly, the request for tramadol, a synthetic opioid, was likewise 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 did not appear to be working with a rather proscriptive 20 pound lifting limitation in place. The attending provider likewise failed to outline any quantifiable decrements in pain or meaningful commentary on improvements in function (if any) effected as a result of ongoing tramadol usage in his March 5, 2015 progress note. Therefore, the request was not medically necessary.

**L/S support:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 301.

**Decision rationale:** Finally, the request for a lumbar support was likewise not medically necessary, medically appropriate, or indicated here. As noted in MTUS Guidelines in ACOEM Chapter 12, page 301, lumbar supports have not been shown to have any benefit outside of the acute phase of symptom relief. Here, the applicant was, quite clearly, well outside of the acute phase of symptom relief as of the date of the request, March 5, 2015, following industrial injury of April 29, 2010. Introduction, selection, and/or ongoing usage of a lumbar support was not indicated at this late stage in the course of the claim. Therefore, the request was not medically necessary.