

Case Number:	CM15-0072680		
Date Assigned:	04/22/2015	Date of Injury:	02/24/2013
Decision Date:	06/11/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old female with an industrial injury dated 02/24/2013. Her diagnoses included lumbago, sacroiliac, joint dysfunction and trochanteric bursitis. Prior treatment included exercise, lumbar epidural and medications. She presents on 02/12/2015 with complaints of low back pain. Physical exam revealed tenderness at lumbar spine, tenderness at facet joint and decreased flexion and extension. The provider documents the injured worker's quality of life is improved while being on medications. Treatment plan included chiropractic visits, physical therapy and pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic visits, 2 x per week x 4 weeks for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Chiropractic therapy.

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

Decision rationale: The claimant is more than two years status post work-related injury and continues to be treated for with radiating low back pain. When seen, medications are referenced as helping and decreasing pain and improving function. The claimant reported that medications enabled her to perform activities of daily living with an improved quality of life. When seen, she was having ongoing radiating back pain. The assessment references the claimant as continuing to work and being very active even while on limited duty. She was having increased pain, which was interfering with work. Physical examination findings included pain with range of motion and straight leg raising. Chiropractic care was requested. Although chiropractic care is recommended as an option in the treatment of chronic pain, guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement. In this case, the number of treatment sessions requested is in excess of the guideline recommendation and therefore not medically necessary.

Tramadol 50mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86.

Decision rationale: The claimant is more than two years status post work-related injury and continues to be treated for with radiating low back pain. When seen, medications are referenced as helping and decreasing pain and improving function. The claimant reported that medications enabled her to perform activities of daily living with an improved quality of life. When seen, she was having ongoing radiating back pain. The assessment references the claimant as continuing to work and being very active even while on limited duty. She was having increased pain, which was interfering with work. Physical examination findings included pain with range of motion and straight leg raising. Tramadol was prescribed at a total MED (morphine equivalent dose) of 40 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is an immediate release medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management and providing pain relief with improved function. There are no identified issues of abuse or addiction. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Tramadol was medically necessary.