

<b>Case Number:</b>	CM15-0091508		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	05/05/1995
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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: Physical Medicine & Rehabilitation

### 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 61 year old male, who sustained an industrial injury on May 4, 1995. He reported low back pain. The injured worker was diagnosed as having lumbar radiculitis, lumbar spondylosis, failed laminectomy syndrome and lumbar disc disease. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the lumbar spine, conservative care, medications and work restrictions. Currently, the injured worker complains of continued low back pain with associated bilateral lower extremity tingling, pain and numbness into the foot. The injured worker reported an industrial injury in 1995, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Urinary drug screen on November 1, 2013, revealed appropriate findings. Evaluation on November 7, 2014, revealed continued pain as noted. Physical therapy was recommended and medications were renewed. He reported difficulty sleeping secondary to pain. March 12, 2015, revealed continued pain as noted. Acupuncture and physical therapy, medications and an updated magnetic resonance image of the lumbar spine were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with low back pain, bilateral lower extremity tingling, pain and numbness into the foot. The physician is requesting Tramadol ER 150 MG #30. The RFA dated 04/29/2015 shows a request for tramadol ER 150mg 1 QD #30. The patient's work status was not made available. MTUS Guidelines pages 88 and 89 states, "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Examination per the 03/12/2015 report shows a well healed surgical scar consistent with prior surgery. Motor strength testing is 5/5 throughout the lower extremities. Sensory exam is grossly intact in the bilateral lower extremities. The patient rates his pain 5/10 and 10/10 at its worst. His sleep is interrupted. He has not had physical therapy or injections. The treater does not provide any before-and-after pain scales, nor are there any discussions provided on adverse behavior/side-effects. No validated instruments are used either. The urine drug screen from 03/12/2015 show inconsistent results. No specific ADL's are mentioned to show a significant change with use of this medication. In this case, the treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. The requested is not medically necessary.

**12 physical therapy sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine page(s): 98-99.

**Decision rationale:** The patient presents with low back pain, bilateral lower extremity tingling, pain and numbness into the foot. The physician is requesting 12 Physical Therapy Sessions. The 03/12/2015 report notes that authorization for previous treatments requested on 11/07/2014 are still pending which includes a request for physical therapy 3x4. The RFA dated 04/29/2015 does not include this request. The utilization review modified the request to 8 sessions. The patient's work status was not made available. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Per the 11/07/2014 report, the patient continues to complain of increased low back and lower extremity with radicular pain. He also experiences pain in the left buttocks down

the left and right foot. Examination shows a well healed surgical scar consistent with prior surgery. Motor strength testing is 5/5 throughout the lower extremities. Sensory exam is grossly intact in the bilateral lower extremities. No physical therapy reports were provided. No history of PT was documented. Given the patient's diagnosis and continued symptoms, a short course of physical therapy would be indicated by the guidelines. However, the requested 12 sessions exceeds MTUS Guidelines. The request is not medically necessary.

**8 Chiropractic treatments:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy page(s): 58-59.

**Decision rationale:** The patient presents with low back pain, bilateral lower extremity tingling, pain and numbness into the foot. The physician is requesting 8 Chiropractic Treatments. The 03/12/2015 report notes that authorization for previous treatments requested on 11/07/2014 are still pending which includes a request for chiropractic visits with [REDACTED] 2x4. The RFA dated 04/29/2015 does not include this request. The patient's work status was not made available. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. For manual therapy, the MTUS guidelines on page 59 states, Delphi recommendations in effect incorporate two trials, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits -for a total of up to 24. Medical records do not show any chiropractic treatment reports. Per the 11/07/2014 report, the patient continues to complain of increased low back and lower extremity with radicular pain. He also experiences pain in the left buttocks down the left and right foot. Examination shows a well healed surgical scar consistent with prior surgery. Motor strength testing is 5/5 throughout the lower extremities. Sensory exam is grossly intact in the bilateral lower extremities. While a trial may be appropriate for this patient given his symptoms, the requested 8 sessions exceed the recommended 6 initial visits. The request is not medically necessary.

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines Low Back chapter, MRI.

**Decision rationale:** The patient presents with low back pain, bilateral lower extremity tingling, pain and numbness into the foot. The physician is requesting MRI of the Lumbar Spine. The

03/12/2015 report notes that authorization for previous treatments requested on 11/07/2014 are still pending which includes a request for lumbar spine MRI. The RFA dated 04/29/2015 does not include this request. The patient's work status was not made available. The ACOEM Guidelines Chapter 12 on Low Back Complaints page 303 on MRI for back pain states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG Guidelines under the Low Back chapter on MRI also states that repeat MRIs are not routinely recommended and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology e.g. tumor, infection, fracture, nerve compression, and recurrent disk herniation. Medical records do not show any previous MRI of the lumbar spine. A rationale for the request was not provided. Per the 11/07/2014 report, the patient continues to complain of increased low back and lower extremity with radicular pain. He also experiences pain in the left buttocks down the left and right foot. Examination shows a well-healed surgical scar consistent with prior surgery. Motor strength testing is 5/5 throughout the lower extremities. Sensory exam is grossly intact in the bilateral lower extremities. While the patient reports radiating pain, the examination does not show any significant neurological deficits such as decreased sensations along a specific dermatomal distribution. In this case, the patient does not meet the ACOEM and ODG guidelines for an MRI. The request is not medically necessary.