

<b>Case Number:</b>	CM14-0140501		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/09/2014
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Medical records reflect the claimant is a 21 year old female who sustained a work injury on 4-9-14. Office visit on 8-19-14 notes the claimant continued with low back pain and bilateral buttock pain with numbness to the right leg. On exam, the claimant had limited range of motion, tight hamstrings, and weakness of EHL and lumbar spasms. The claimant was provided a diagnosis of lumbar strain without radiculopathy. The claimant has been treated with physical therapy, acupuncture and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy QTY: 8:** 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:** Chronic Pain Medical Treatment Guidelines as well as ODG notes that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The claimant had been provided with physical therapy. Based on the records provided, this claimant should already be exceeding well-versed

in an exercise program. It is not established that a return to supervised physical therapy is medically necessary and likely to significantly improve or impact the patient's overall pain level and functional status beyond that of her actively utilizing an independent home exercise program. The guidelines state patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is an absence in documentation noting that this claimant cannot perform a home exercise program. Additionally, there is an absence in documentation noting significant improvement with prior physical therapy she had. Office visit on 5-7-14 after she completed physical therapy notes her condition had not improved significantly. The requested course of physical therapy is inconsistent with the recommendations of the CA MTUS guidelines. Therefore, this request is not medically necessary.

**Ultram ER 100mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - Tramadol

**Decision rationale:** Chronic Pain Medical Treatment Guidelines notes that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is an absence in documentation noting the claimant has tried and failed first line of treatment. Therefore, this request is not medically necessary.