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| Case Number: | CM13-0000488 | | |
| Date Assigned: | 03/03/2014 | Date of Injury: | 02/08/2013 |
| Decision Date: | 04/25/2014 | UR Denial Date: | 05/21/2013 |
| Priority: | Standard | Application Received: | 05/28/2013 |

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 Orthopedic Surgery, and is licensed to practice in California. 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:

This 39-year-old sustained an industrial injury on February 8, 2013 while working as a doorkeeper/janitor. He was cleaning a spa when he slipped and fell down five steps directly on his buttocks in a seated position. Initial evaluation was performed on February 12, 2013 due to persistent pain. X-rays were taken with no fractures found. Pain medications were dispensed and he was taken off work. The patient was evaluated by the orthopedic surgeon on April 30, 2013 with a diagnosis of lumbar spine and sacrum contusion, rule-out fractures. The patient complained of constant pain in the low back and tailbone areas with associated numbness and tingling in the legs. Objective findings documented inability to walk straight, slow gait with a limp and using a cane, decreased lumbar range of motion, palpable mid-line tenderness L2 to the coccyx, positive straight leg raise bilaterally, and positive Waddell's sign with hip and knee flexion. The treatment plan included a request for lower extremity EMG/NCV (electromyography/nerve conduction velocity exam), lumbar spine MRI, and sacrum and coccyx CT scan. The patient was provided a donut, home IF unit, topical ointments, and NSAIDs (non-steroidal anti-inflammatory drugs). The patient was considered temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME IF (INTERFERENTIAL) UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 300, 166.

Decision rationale: Under consideration is a request for a home IF unit. The Low Back Complaints Chapter of the ACOEM Practice Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities, including transcutaneous electrotherapy. Relative to interferential (IF) therapy, the revised ACOEM low back guidelines do not recommend IF therapy for treatment of subacute or chronic lower back pain, chronic radicular pain syndromes, or other back related conditions. These guidelines state that IF therapy may be an option for limited use for acute lower back pain, with or without radicular pain, in the clinical setting in conjunction with exercise and education, for a trial of two visits and up to four visits if found to be efficacious. Guidelines criteria have not been met. There is no high grade scientific evidence to support the use of interferential therapy in the home setting for a patient with acute or sub-acute low back pain. There is no documentation that other appropriate pain modalities (medications, physical therapy) had been tried and failed. The request for a home IF unit is not medically necessary or appropriate.

COMPOUNDS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111.

Decision rationale: Under consideration is a non-specific request for compounds. The treating physician treatment plan included topical ointments. The Low Back Complaints Chapter of the ACOEM Practice Guidelines recommend initial non-prescription medications (acetaminophen, over-the-counter NSAIDs [non-steroidal anti-inflammatory drugs]) and prescribed pharmaceutical methods to include NSAIDs, short term muscle relaxants, and (rarely) short term opiates. There is no recommendation for topical ointments in the treatment of acute low back pain. The Low Back Complaints Chapter (ACOEM Practice Guidelines state that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guideline criteria have not been met. There is no evidence that the patient had failed recommended first-line medications for low back pain. There is no evidence that the patient had been diagnosed with neuropathic pain and had failed recommended first line medications, including trials of antidepressants and anticonvulsants. There is no specific request outlining the compounds included in the topical ointments being requested. Therefore, this request for compounds is not medically necessary or appropriate.