

Case Number:	CM13-0022194		
Date Assigned:	03/26/2014	Date of Injury:	02/15/2004
Decision Date:	04/24/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/09/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management, 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 is a patient with a date of injury of 2/15/04. A utilization review determination dated 8/29/13 recommends non-certification of TENS, PT, Terocin lotion, Medrox patches, MRI of the lumbar spine, EMG, and a back brace. A request for an unknown amount of chiropractic manipulation was modified to certify 6 sessions. 8/16/13 medical report identifies persistent low back pain with spasms, tightness, and stiffness. He has a low back brace and is requesting hot and cold wrap and/or heating pad for nighttime use. On exam, there is tenderness and decreased lumbar ROM. The provider notes that the patient has a low back brace and did not need one at that visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: Regarding the request for TENS, California MTUS supports a purchase of TENS only after a 1-month trial to include documentation of how often the unit was used,

outcomes in terms of pain relief and function, other ongoing pain treatment during the trial period including medication usage, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. Within the documentation available for review, there is no documentation of a trial of TENS as outlined above. In the absence of such documentation, the currently requested TENS is not medically necessary.

12 PHYSICAL THERAPY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: Regarding the request for 12 physical therapy sessions, California MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, it appears that prior PT sessions have been utilized, but there is no documentation of remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the California MTUS supports only up to 10 PT sessions for this injury. In light of the above issues, the currently requested 12 physical therapy sessions are not medically necessary.

1 PRESCRIPTION OF TEROGIN LOTION 4OZ: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Regarding the request for Terocin lotion, California MTUS cites that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." That has not been documented. Topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." That has not been documented. Furthermore, it is supported only as a dermal patch. Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." That has not been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the currently requested Terocin lotion is not medically necessary.

MEDROX PATCHES #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Regarding the request for Medrox patches, California MTUS cites that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." That has not been documented. Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." That has not been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the currently requested Medrox patches are not medically necessary.

1 MRI OF THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, MRIS (MAGNETIC RESONANCE IMAGING)

Decision rationale: Regarding the request for MRI of the lumbar spine, California MTUS does not specifically address repeat MRIs. ODG cites that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Within the documentation available for review, there is no documentation of a significant change in symptoms and/or findings suggestive of significant pathology or any findings suggestive of nerve root involvement to support the need for an MRI. In light of the above issues, the currently requested MRI of the lumbar spine is not medically necessary.

1 EMG: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 303.

Decision rationale: Regarding the request for EMG, CA MTUS and ACOEM note that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with

low back symptoms lasting more than 3 to 4 weeks. Within the documentation available for review, there is no documentation of symptoms/findings consistent with focal neurologic dysfunction. In light of the above issues, the currently requested EMG is not medically necessary.

CHIROPRACTIC MANIPULATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: Regarding the request for chiropractic manipulation, California MTUS supports the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, the prior utilization review modified the request for an unspecified number of chiropractic manipulation sessions to certify 6 sessions. However, the currently requested number of sessions is unspecified and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested chiropractic manipulation is not medically necessary.

1 BACK BRACE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 301.

Decision rationale: Regarding the request for a back brace, CA MTUS and ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Within the documentation available for review, the patient appears to be well beyond the acute stage of injury and the provider also notes that the patient already has a back brace and does not need another one. In light of the above issues, the currently requested lumbar support brace is not medically necessary.