

Case Number:	CM13-0024865		
Date Assigned:	11/20/2013	Date of Injury:	01/11/2010
Decision Date:	01/27/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 physician 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:

The patient is a 55-year-old female who reported an injury on 01/11/2010. The patient is currently diagnosed with a sprain/strain of the elbow, thoracic sprain/strain, a sprain/strain of the knee and leg, CRPS, myofascial pain and lumbar degenerative disc disease. The patient was recently evaluated on 09/13/2013. The patient reported 7/10 pain. Physical examination revealed an antalgic gait. Treatment recommendations included the continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Magnetic Resonance Imaging (MRI)

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant as to the selection of an imaging test to

define a potential cause, including MRI for neural or other soft tissue abnormalities. As per the clinical notes submitted, there is no documentation of a thoracic or lumbar spine trauma, neurological deficit or a failure to respond to at least 1 month of recent conservative therapy. It was noted on 06/27/2013 that physical therapy and aquatic therapy had improved the patient's strength. Based on the clinical information received, the patient does not currently meet the criteria for an MRI. As such, the request is non-certified.

Six (6) to eight (8) aqua therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weightbearing is desirable. As per the clinical notes submitted, there is no indication that this patient is nonweightbearing. There is no evidence that this patient is unable to participate in land-based physical therapy or a home exercise program. Additionally, it was noted on 06/27/2013 that the patient had completed a course of aquatic therapy. Documentation of significant functional improvement following the initial course was not provided for review. Therefore, ongoing treatment cannot be determined as medically appropriate. As such, the request is non-certified.

Menthoderm 120 grams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the clinical notes submitted, there is no indication that this patient has failed a trial of first line oral medications prior to the initiation of a topical analgesic. The medical necessity for the requested medication has not been established. As such, the request is non-certified.