MAXIMUS Federal Services

Case Number:	CM13-0025271		
Date Assigned:	11/20/2013	Date of Injury:	06/25/2007
Decision Date:	03/18/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/16/2013

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 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 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:

This is a 52 year-old male, who injured his left arm, back and right hip when he fell backwards at work on 6/25/2007. He has been diagnosed with: lumbar post-laminectomy syndrome with RLE radiculopathy in the L4 distribution; s/p L4/5 and L5/S1 PLIF, 1/21/09; s/p left elbow ORIF, 1995 with industrial aggravation, residual seroma with loosening of hardware; bilateral hip internal derangement with AVN; reactionary depression/anxiety; medication induced gastritis; right THR on 4/30/12; successful trial of neuraxial opioid medications 10/6/11; left ulnar neuropathy vs atypical cervical radiculopathy; LUE seroma; and Cervical myoligamentous injury. There is no IMR application with the medical file, but it appears that the issues on this review pertain to the 9/10/13 UR denial letter from CompPartners. The UR letter was based on the 8/16/13 medical report and RFA, and recommended non-certification for: a cervical rehab kit; TFESI; TPI; Mediflexx; Dendracin topical; FCE; Evaluation and rating with an internist; referral to hand surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Rehab Kit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 46-47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): s 46-47.

Decision rationale: MTUS recommends exercise but states: "There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." There is no rationale provided in the medical records as to why the exercises with the "Cervical Rehab Kit" are better than any other types of exercise. The request is not in accordance with MTUS guidelines. Furthermore, the medial reports dated 8/16/13, 7/17/13 and 6/18/13 did not discuss the necessity for the kit, or mention what the kit is.

Epidural Steroid Injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Page(s): 46.

Decision rationale: The 8/16/13 medical report notes positive SLR at 30 degrees reproducing radicular pain bilaterally. It states there was a 1/22/13 electrodiagnostic study by [redacted] that shows severe bilateral L5 radiculopathy and mild S1 radiculopathy. The request for the bilateral S1 TFESI is in accordance with MTUS guidelines.

Trigger Point Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): 122.

Decision rationale: The medical records show the patient had TPI on 7/17/13, and again on 8/16/13. MTUS has specific criteria for TPIs, including: "No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement" and "Frequency should not be at an interval less than two months" There was no indication that the TPI on 7/17/13 provided 50% pain relief for 6-weeks, and no evidence of improved function. The TPI on 8/16/13 is less than the 2-month interval recommended by MTUS. The trigger point injections on 8/16/13 were not in accordance with MTUS guidelines.

Mediflexx 500/400/200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate). Page(s): 50.

Decision rationale: There is no description of all the components of Mediflex 500/400/200. It appears to have some form of glucosamine and two other unknown drugs or supplements. MTUS gives a general statement on compounded products (pg111): Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS recommends the Glucosamine Sulfate form, but not the Glucosamine HCL for knee arthritis. This patient does not have a diagnosis of knee arthritis. I am not sure if the glucosamine in the Mediflex is the version recommended by MTUS. The two other components are unknown, and therefore I cannot compare them to MTUS criteria. I am not able to verify that the Mediflex is in accordance with MTUS guidelines.

Dendracin Topical Analgesic Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topical Page(s): 105.

Decision rationale: In general, MTUS guidelines for topical analgesics states "Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." and "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Dendracin appears to be a compound of methyl salicylate, menthol and benzocaine. MTUS has recommendations for methyl salicylate and menthol, but topical benzocaine would fall under the topical analgesics section of MTUS. The patient has neuropathic pain per electrodiagnostic studies, but it does not appear that he failed antidepressants and anticonvulsants, as he was written new prescriptions for Neurontin and Wellbutrin. The request does not meet MTUS criteria.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 7, page 511

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM chapter 7, pg 137-138

Decision rationale: MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, was not adopted into MTUS, but would be the next highest-ranked standard according to LC4610.5(2)(B). ACOEM does not appear to support the functional capacity evaluations and states: "Functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. However, FCEs can be deliberately

simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions." The functional capacity evaluation is not in accordance with ACOEM guidelines.

Evaluated and Rated by Internist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 7, page 503

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM Practice Guidelines, 2nd Edition (2004), page 127.

Decision rationale: The pain management physician notes the patient has GI issues and hypertension. It is beyond the scope of this IMR to determine AOE/COE issues. Opinions on the GI issues and hypertension or cardiovascular conditions might be better handled with the internal medicine specialist. ACOEM states a referral can be made when: "or when the plan or course of care may benefit from additional expertise." The request is in accordance with MTUS guidelines.

Referral to Orthopedic Hand Surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 7, page 503.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM Practice Guidelines, 2nd Edition (2004), page 127.

Decision rationale: The pain management physician notes on 8/16/13, that the patient has authorization for consultation with an orthopedist to removed retained hardware in the elbow. There was also the 2/25/13 electrodiagnostic report that shows left ulnar nerve entrapment at the elbow and early left CTS. ACOEM states a referral can be made when: "or when the plan or course of care may benefit from additional expertise." The request is in accordance with MTUS guidelines.