

Case Number:	CM13-0028164		
Date Assigned:	11/22/2013	Date of Injury:	10/03/2012
Decision Date:	04/25/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an 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 & 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:

The patient is a 58-year-old female who reported an injury on 10/03/2012. The patient was reportedly injured when she was attacked by a client. The patient is currently diagnosed with cervical strain, thoracic strain, lumbar strain, tendinitis of the shoulder, and coccygeal pain. The patient was recently seen by [REDACTED] on 08/19/2013. The patient reported persistent pain to the lower back and cervical spine. Physical examination revealed tenderness to palpation with spasm and decreased range of motion of the cervical and thoracic spine, tenderness in the coccygeal area, and positive straight leg raising. Treatment recommendations included aquatic therapy, a doughnut pillow, a lumbosacral brace, and an MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW-UP APPOINTMENT WITH PTP: 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.

Decision rationale: The MTUS/ACOEM Practice Guidelines indicate that physician follow-up can occur when a release to modify, increased, or full duty is needed, or after appreciable healing

or recovery can be expected. According to the documentation submitted, there is no evidence of a significant musculoskeletal or neurological deficit. There was no mention of any of the previous conservative treatment rendered to date. The employee's current medication list was not provided. There was no mention of a specific treatment plan with short and long-term goals. The medical necessity for ongoing follow-up visits has not been established. Therefore, the request is non-certified.

DOUGHNUT PILLOW: 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): 298-300.

Decision rationale: The MTUS/ACOEM Practice Guidelines indicate that physical modalities have no proven efficacy in treating acute low back symptoms. There was no documentation of a significant musculoskeletal or neurological deficit. The medical necessity for the requested durable medical equipment has not been established. Therefore, the request is non-certified.

TENS UNIT: 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 Section Transcutaneous Electrotherapy Page(s): 117-121.

Decision rationale: The MTUS Guidelines indicate that transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is not documentation of this employee's active participation in a functional restoration program. There is no indication that other appropriate pain modalities have been tried and failed. There is no evidence of a Final Determination Letter for IMR Case Number CM13-0028164 4 successful 1 month trial prior to the request for a purchase. There is also no evidence of a treatment plan including the specific short and long-term goals of treatment with the TENS unit. Based on the clinical information received and the MTUS Guidelines, the request is non-certified.

LUMBOSACRAL BRACE: 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): 300.

Decision rationale: The MTUS/ACOEM Practice Guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. According to the documentation submitted, the employee does not demonstrate any significant musculoskeletal or neurological deficit. There is no evidence of a significant instability. The medical necessity for the requested durable medical equipment has not been established. Therefore, the request is non-certified.

ELECTROMYOGRAM (EMG) AND NERVE CONDUCTION STUDIES FOR LOWER EXTREMITIES: 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 rationale: The MTUS/ACOEM Practice Guidelines indicate that electromyography, including H-reflex test, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. According to the documentation submitted, there was no evidence of a significant musculoskeletal or neurological deficit upon physical examination. There is also no mention of an attempt at conservative treatment prior to the request for an electrodiagnostic study. Based on the clinical information received, the request is non-certified.

ELECTROMYOGRAM (EMG) AND NERVE CONDUCTION STUDIES FOR UPPER EXTREMITIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The MTUS/ACOEM Practice Guidelines indicate that electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. According to the documentation submitted, there was no evidence of a significant musculoskeletal or neurological deficit upon physical examination. There is also no indication of an exhaustion of conservative treatment prior to the request for an electrodiagnostic study. The medical necessity has not been established. Therefore, the request is non-certified.

MAGNETIC RESONANCE IMAGING OF COCCYX: 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 rationale: The MTUS/ACOEM Practice Guidelines indicate that if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause, including MRI for neural or other soft tissue abnormality. According to the documentation submitted, the employee's physical examination only revealed tenderness in the coccyx area. There is no evidence of a significant musculoskeletal or neurological deficit. The medical necessity has not been established. As such, the request is non-certified.

MAGNETIC RESONANCE IMAGING OF THE CERVICAL 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 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The MTUS/ACOEM Practice Guidelines indicate that if physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding the Final Determination Letter for IMR Case Number CM13-0028164 6 next steps, including the selection of an imaging test to define a potential cause. There was no documentation of a significant musculoskeletal or neurological deficit upon physical examination of the cervical spine. There is also no mention of an attempt at conservative treatment prior to the request for an imaging study. The medical necessity has not been established. Therefore, the request is non-certified.

CAPSAICIN CREAM; TWO TO THREE TIMES A DAY: 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 Section Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Guidelines indicate that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. It is indicated for osteoarthritis, fibromyalgia, and chronic nonspecific back pain. According to the documentation submitted, there is no evidence of a failure to respond to first-line oral medication prior to the initiation of a topical analgesic. There was also no quantity listed in the current request. Therefore, the request is non-certified.

GABAKETOLIDO CREAM; TWO TO THREE TIMES A DAY: 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 Section Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended as a whole. Gabapentin is not recommended, as there is no peer-reviewed literature to support its use. Therefore, the request is non-certified.

LIDODERM PATCHES: 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 Section Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Guidelines indicate that lidocaine is indicated for neuropathic or localized peripheral pain after there has been a trial of first-line therapy with tricyclic or SNRI antidepressants or an anticonvulsant. According to the documentation submitted, there is no evidence of a failure to respond to first-line oral medication. There is also no quantity listed in the current request. Therefore, the request is non-certified.

TRAMADOL ER 150 MG, TWO TIMES A DAY: 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 Section Opioids, Criteria for Use Page(s): 74-82.

Decision rationale: The MTUS Guidelines indicate that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no documentation of a failure to respond to non-opioid analgesics. Additionally, there is no specific quantity listed in the current request. Therefore, the request is non-certified.

URINE ANALYSIS: 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 Chronic Pain Chapter, Urine Drug Testing Page(s): 43, 77 and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The MTUS Guidelines indicate that drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines indicate that the frequency of urine drug testing should be based on documented evidence of risk stratification. According to the documentation submitted, the employee's injury was greater than 1 year ago to date, and there is no indication of noncompliance or misuse of medication. There is no indication that this employee falls under a high-risk category that would require frequent monitoring. Based on the clinical information received, the request is non-certified.

AQUATIC THERAPY; TWO TIMES A WEEK FOR THE LUMBAR SPINE, CERVICAL SPINE, BILATERAL SHOULDERS AND COCCYX AREA: 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 MTUS Guidelines indicate that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. According to the documentation submitted, there is no evidence of a significant musculoskeletal or neurological deficit. There is also no indication that this employee requires reduced weight-bearing as opposed to land-based physical therapy. Based on the clinical information received and the MTUS Guidelines, the request is non-certified.