MAXIMUS Federal Services

Case Number:	CM13-0028175		
Date Assigned:	11/22/2013	Date of Injury:	09/28/2007
Decision Date:	01/23/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/23/2013

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 & Rehabilitation, has a subspecialty certificate in Interventional Spine, 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 68-year-old female, with a date of injury of 9/28/07, with diagnoses of neck, low back, upper and lower extremity pain per visit 8/19/13 with the requesting physician. The treater reports that the patient has completed physical therapy, TENS trial, acupuncture, and medication, but has no interest in lumbar epidural steroid injection (LESI). With 8 prior sessions of therapy for the lumbar spine, the patient has decreased pain, increased strength, and has now transitioned into home exercise. However, she still reports numbness in the right leg, and her pain is 5/10. Voltaren gel is prescribed as the patient is no longer able to use the Dendracin cream, which helped with good results but had skin burning. Lidoderm patches help as well. Examination showed non-antalgic gait, no assistive devices for walking, able to sit for 15 minutes. Treatment request was for 6 additional PT visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, times six visits, for the lumbosacral spine: Upheld

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

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

Decision rationale: This patient suffers from chronic low back pain. The patient recently completed a short course of therapy, and the treater has recommended an additional 6 sessions. However, the treater's note shows that the patient did well from prior therapy and has transitioned into a home exercise program. Overall, the patient's pain was the same as at the prior visit. MTUS recommends up to 8-10 visits of therapy for myositis, myalgia, neuritis, and radiculitis types of pain conditions. This patient already completed a course with improvement in function and transition into home exercises. The treater's current request exceeds what is recommended by MTUS guidelines for this patient's condition. Recommendation is for denial.

Voltaren Gel, b.i.d., 30 days, 1 tube, with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and NSAIDs. .

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

Decision rationale: MTUS guidelines allow topical NSAIDs for peripheral joint arthritis/tendinitis types of pain only. Voltaren gel is a topical NSAID. Given that the patient does not present with peripheral joint problems where topical products can be helpful, recommendation is for denial.