MAXIMUS Federal Services

Case Number:	CM13-0032757		
Date Assigned:	01/03/2014	Date of Injury:	02/27/2013
Decision Date:	03/20/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/08/2013

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 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 reported a date of injury on 02/27/2013. The progress report dated 08/13/2013 by [redacted] indicates that the patient's diagnoses include: (1) Cervical sprain/strain, (2) lumbar sprain/strain, (3) lumbar pain, (4) shoulder impingement, (5) hip sprain/strain, (6) sleep disturbance not otherwise specified, other pain disorder related to psychological factors. The patient continues to struggle with pain in the cervical spine and shoulders, and lower back and hip area. Examination of the lumbar spine showed tenderness and spasm of the paravertebral muscles. There was mild restriction of range of motion. Patient was provided with a lumbar spine brace, treating physician stated that he believed this would provide additional support, comfort, alignment, and help to prevent further flare-ups. The utilization review letter dated 09/06/2013 issued non-certification of the lumbar back brace. The utilization review also issued non-certification of topical Medrox patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

lumbar back support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation (http://www.odg-twc.com/odgtwc/low_back.htm#Lumbarsupports).

Decision rationale: The patient continues with low back pain. The treating physician provided the patient with a lumbar spine brace. This was to help provide additional support, comfort, alignment, and help to prevent further flareups. ACOEM Guidelines page 301 states that lumbar supports have not been shown to have a lasting benefit beyond the acute phase of symptom relief. ODG Guidelines states that lumbar supports are recommended as an option for treatment for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain (very low quality evidence, but may be a conservative option) is under study for postoperative use. Under prevention, ODG states that lumbar supports are not recommended. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. The patient has a diagnosis of lumbar sprain/strain injury. The records indicate that the patient originally went to the emergency room after the injury and x-rays were obtained; however, these x-ray findings were not mentioned, and no x-ray reports were provided in the 197 pages of records. There is no mention by the treating physician that the patient has spondylolisthesis or documented instability. The retrospective request for lumbar back support does not appear to be supported by the guidelines noted above. Therefore, recommendation is for denial.

Medrox Patches #15: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The patient continues with significant low back pain. The patient was provided with Medrox patches. These contain methyl salicylate, menthol, capsaicin a concentration of 0.0375%. MTUS Guidelines page 111-113 regarding topical analgesics states that any compounded product that contains at least one drug or drug class that is not recommended. Under the separate heading of capsaicin, MTUS states that it is recommended only as an option in patients who have not responded or intolerant to other treatments. MTUS further states that there have been no studies of a 0.0375% formulation of capsaicin, and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The Medrox patches prescribed contain capsaicin at a concentration that is not recommended by the guidelines noted above. Therefore, recommendation is for denial.