

Case Number:	CM13-0038470		
Date Assigned:	12/18/2013	Date of Injury:	02/04/2010
Decision Date:	06/25/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 expert 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 43 year old male with date of injury 2/4/10. The mechanism of injury is stated as falling from a chair. The patient has complained of lower back pain and left foot and ankle pain since the date of injury. He has been treated with physical therapy, chiropractic therapy, steroid injections and medications. MRI of the lumbar spine dated 05/2013 showed straightening of the lumbar spine and disc dessication and protrusion at L5-S1. Objective: pain with range of motion of the left ankle, antalgic gait, painful range of motion of the lumbar spine and positive straight leg raise on the right. Diagnoses: degenerative disc disease lumbar spine, ankle sprain, tarsal tunnel syndrome, left foot. Treatment plan and request: Cyclo, keto, lido compound cream, Solar Care FIR Heating System, Solar Care FIR Heating Pad, LSO brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND CREAM: CYCLO-KETO-LIDO 240GM QUANTITY 1 WITH 1 REFILL (QUANTITY 2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

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

Decision rationale: This 43 year old male has complained of left foot and ankle pain and lower back pain since the date of injury 2/4/10. He has been treated with physical therapy, chiropractic therapy, steroid injections and medications. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Cyclo, keto, lido compound cream is not medically necessary.

SOLAR CARE FIR HEATING SYSTEM QUANTITY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back- Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: This 43 year old male has complained of left foot and ankle pain and lower back pain since the date of injury 2/4/10. He has been treated with physical therapy, chiropractic therapy, steroid injections and medications. The current request is for a Solar Care Fir Heating System. There is no documentation in the provided medical records stating the reasoning for this request nor its intended use, for example which specific region(s) of the body it is to be used for and duration of use. Per the ACOEM guideline cited above, heating units are not specifically recommended for the treatment of chronic low back pain. On the basis of the lack of provider documentation and the ACOEM guidelines cited above, a Solar Care Fir Heating System is not medically necessary.

PAD FOR SOLAR CARE FIR HEATING SYSTEM QUANTITY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Low Back- Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: This 43 year old male has complained of left foot and ankle pain and lower back pain since the date of injury 2/4/10. He has been treated with physical therapy, chiropractic therapy, steroid injections and medications. The current request is for a Solar Care Fir Heating System pad. There is no documentation in the provided medical records stating the reasoning for this request nor its intended use, for example which specific region(s) of the body it is to be used for and duration of use. Per the ACOEM guideline cited above, heating units and heating unit pads are not specifically recommended for the treatment of chronic low back pain. On the basis of the lack of provider documentation and the ACOEM guidelines cited above, a Solar Care Fir Heating System pad is not medically necessary.

LSO BRACE QUANTITY 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: This 43 year old male has complained of left foot and ankle pain and lower back pain since the date of injury 2/4/10. He has been treated with physical therapy, chiropractic therapy, steroid injections and medications. The current request is for a LSO brace. Per the ACOEM guideline cited above, lumbar support brace has not been shown to have any lasting benefit beyond the acute phase of symptomatic relief, and is not recommended as a treatment for chronic back pain. On the basis of the MTUS guidelines and the provided documentation, lumbar support brace is not medically necessary.