

Case Number:	CM13-0038731		
Date Assigned:	12/18/2013	Date of Injury:	01/04/2011
Decision Date:	03/12/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	10/02/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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 69-year-old female who was injured on January 4, 2011 when her chair got caught in a crack in a plastic mat slipped but did not fall from her chair. Thus far the patient has been treated with approximately 20 physical therapy sessions four acupuncture sessions, three epidural injections, one MBB (which reportedly offered relief for 3 to 4 days), and medications which include Tylenol, Tramadol, Cyclobenzaprine and Ketoprofen. The patient is currently taking extra strength Tylenol and Flexeril which does decrease her pain and normalize her function. She was taken off of ketoprofen because of her history of intestinal bleeding. MRI of the lumbar spine performed July 18, 2013 revealed degenerative hypertrophic changes and multilevel thecal sac and foramen stenosis in descending order of severity as follows: L3-4 moderate thecal sac stenosis of 8 mm related to the 7 mm posterior disc protrusion; L4 -5 moderate thecal sac stenosis of 8 mm related to the 7 mm posterior disc protrusion; L5 - S1 a 5 mm dorsal broad disc protrusion; L2 -3 borderline thecal sac stenosis of 9 mm and left sub articular recess stenosis related to a 7 mm dorsal broad disc protrusion. Primary treating physician's progress report dated August 8, 2013 documented the patient to have complaints of low back pain, left greater than right, which she currently rates at a 6 to 7 out of 10. The patient states since the last visit her condition is about the same with no significant changes. Per the patient she has continued chiropractic therapy and has completed four sessions which she notes helps temporarily decrease her spasms and pain. Per the patient she had no relief with the acupuncture. The patient states she continues topical Terocien cream and Prilosec. She denies side effects to the medications and states they continue to decrease her pain and normalize her function. Objective findings on exam include limited lumbar extension; palpation tenderness to the left lower lumbar; decreased sensation of L4 and L5 dermatomes on the right. Session

requested authorization for a pain management consult, lumbar Rhizotomy on the left at L4-5 and L5 - S1, eight chiropractic sessions for the back and prescription of Terocin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Chapter 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Criteria for the general use of multidisciplinary pai.

Decision rationale: According to the guidelines pain rehab programs are considered medically necessary when all criteria is met, including unsuccessful previous methods of treating pain and the absence of other options likely to result in significant clinical improvement and the patient has a significant loss of ability to function independently resulting from the chronic pain. Medical records document her current treatment decreases her pain normalizes her functioning.

Lumbar Rhizotomy on the left at L4-L5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Radiofrequency Ablation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, facet joint radiofrequency neurotomy.

Decision rationale: According to the guidelines noted above there is conflicting evidence as to the efficacy of this procedure. Only 3 RCTs with one suggesting pain benefit without functional gains, potential benefit is used to reduce narcotics. This form of treatment should be made on a case-by-case basis; criteria for use state states the treatment requires a diagnosis of joint pain giving medial branch block which was not provided for this patient as well as a restriction on the number of joint levels to be performed at one time

8 chiropractic sessions for the back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The Physician Reviewer based his/her decision on Chronic Pain Medical Treatment Guidelines, ma.

Decision rationale: The patient has received four chiropractic session which she reports only temporarily decreases her spasms and pain. The goal of this treatment is to achieve positive symptomatic or objective measurable gains and functional improvement to facilitate progression

in the patient's therapeutic exercise program and return to productive activities. Her treatments rendered so far have not shown any benefit that would warrant additional chiropractic treatment.

Prescription of Terocin cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medications. Page(s): 71:.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics Page(s): 28, 111.

Decision rationale: According to the medical treatment guidelines the recommended Terocin cream does not meet the criteria. Terocin's active ingredients include methyl Salicylate (25%), capsaicin (.025%), menthol (10%) and Lidocaine (2.50%). Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The guidelines for capsaicin, topical indicate it is recommended only as an option in patients who have not responded or are intolerant to other treatments. The patient is being treated with medications currently there is no documentation that this medication is not effective. Guidelines for lidocaine cream state it is not indicated for neuropathic pain