MAXIMUS Federal Services

Case Number:	CM13-0039034		
Date Assigned:	12/18/2013	Date of Injury:	03/23/2012
Decision Date:	02/12/2014	UR Denial Date:	09/24/2013
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 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 claimant is a 34-year-old gentleman who was injured in a work related accident on March 23, 2012. Clinical records for review indicated the claimant had chronic low back pain with radiating pain to the right lower extremity since time of injury. The most recent clinical progress report of September 16, 2013 indicated the above references with right radiating leg pain and a physical examination showed tenderness to the lumbar spine to palpation with restricted range of motion but no documentation of neurologic findings. Working diagnoses were lumbosacral radiculopathy with right lower extremity pain. The treatment recommendations at that time were for a back brace, medication management, a pain management referral, functional capacity evaluation and topical agents. Records indicated the claimant had previously undergone a functional capacity evaluation on July 24, 2012 that placed him in a light duty capacity with 20 pounds maximum lifting. Magnetic resonance imaging (MRI) scan for review of June 28, 2012 showed disc space narrowing and bilateral foraminal narrowing at L4-5 and L5-S1. Electrodiagnostic studies from early January 2013 of the lower extremities were normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult with [redacted]: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)-- CA MTUS ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on California American College of Occupational and Environmental Medicine (ACOEM) Guidelines, pain management referral in this case would not be indicated. The claimant's clinical picture fails to demonstrate specific current pathology for which referral for a pain management specialist would be indicated. The claimant already is being treated with medication management and appears to be stationary. There is currently no indication for pain management intervention in the form of injection therapy in absence of radicular findings or compressive pathology on imaging. Specific consultation would not be supported.

Terocin cream: 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 Chronic Pain Treatment Guidelines Topical Analgesics Page(s): s 111-113.

Decision rationale: Based on California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, topical agents are not indicated if any agent in the compound is not supported. When looking at Teracin cream, it contains amongst other things Capsaicin and lidocaine. Capsaicin would not be indicated for first line use and is only indicated for claimants who are intolerant or not responsive to other forms of first line treatment. Also, the role of lidocaine is only indicated if a first line trial of tricyclic antidepressants or medications such as gabapentin or Lyrica have failed. Clinical records would not support the role of either of these agents, thus negating the need of this topical compound.

Urine toxicology screen: 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 Chronic Pain Treatment Guidelines Urine Drug Screen.

Decision rationale: Based on California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, a urine toxicology screen would not be indicated. Urine toxicology screen is recommended as an option to assess for the drug use or misuse. Records in this case fail to indicate current oral medication being utilized in the current setting. There is also no documentation to indicate drug misuse. The unclear need of a urine drug screen would not be supported.

Functional capacity evaluation: 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 Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48.

Decision rationale: Based on California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, a functional capacity examination is not recommended to assess for work function. A previous functional capacity evaluation took place in July 2012. There is no documentation in the records reviewed to support that the claimant attempted to return to work per the July 2012 functional capacity evaluation and was unable to maintain that level or failed at advancing his level of function. When taking into account the claimant's current clinical picture and the fact that a functional capacity examination had previously occurred with no documentation of advancement of treatment or new current symptoms, the clinical role of this test would not be indicated.

Range of motion testing: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines are silent. When looking at Official Disability Guideline criteria, computerized range of motion testing would not be indicated. Official Disability Guidelines in regards to flexibility clearly state that while motion measurements are a routine musculoskeletal evaluation, the relationship between lumbar range of motion measurements and functional ability is weak and/or nonexistent. The role of this specific testing for range of motion would not be indicated.