

Case Number:	CM13-0039660		
Date Assigned:	12/20/2013	Date of Injury:	08/29/2012
Decision Date:	02/18/2014	UR Denial Date:	09/20/2013
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 and Rehabilitation 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 who reported an injury on 08/29/2012. The initial evaluation note dated 10/22/2012 reported that the patient was injured while pulling an extension for a medical examining table when she had onset of low back pain. Notes indicate the patient has undergone an MRI that revealed a 2 mm disc bulge at L4-5. The patient has a history of low back pain. The patient has been previously treated with physiotherapy and medication management. A recent note on 09/09/2013 reported the patient had tenderness in the lumbar paraspinals, some guarding, 80 degrees of flexion, 10 degrees of extension, 20 degrees of bilateral side bending, 5/5 motor strength, and negative straight leg raise. The patient was recommended for 8 sessions of therapy as well as Biofreeze gel, Tylenol ES, and Celebrex 200 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

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

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS Guidelines recommend up to 10 sessions of therapy for the patient's chronic pain diagnosis. The request for 8 sessions is within evidence-based Guidelines for total duration of care. However, the patient has participated in prior physical therapy and prior notes were not available for review to assess the dates of service, and duration and efficacy of treatment. The most recent note failed to indicate any significant functional deficits with 80 degrees of flexion, 10 degrees of extension, and 5/5 motor strength to warrant 8 additional sessions of formal physical therapy. As such, the request for Physical therapy 2 x week for 4 weeks is non-certified at this time

S5001 Biofreeze Gel with 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

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

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The documentation submitted for review fails to indicate why the patient would require Biofreeze along with prescriptions for Celebrex and Tylenol ES. The notes fail to document any significant objective functional improvement with the medication regimen to support ongoing use of Biofreeze. Furthermore, the request for 3 refills would be excessive in nature without documentation of efficacy. As such, the request for S5001 Biofreeze Gel with 3 refills is non-certified at this time.