

Case Number:	CM13-0039799		
Date Assigned:	12/20/2013	Date of Injury:	06/14/2013
Decision Date:	04/29/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/09/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 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 54 year-old who was injured on June 14, 2013, when she lifted a 7-year-old child with Down's syndrome, and carried her for 15-20 mins. She developed lower back pain. The patient was initially treated at [REDACTED], but was referred to [REDACTED] for pain management. [REDACTED] first evaluated the patient on September 16, 2013. The patient still complained of 4-8/10 low back pain, currently rated at 4/10. Epworth score was 3/24. The patient has been diagnosed with a lumbar sprain; and left Sacroiliac sprain. The plan was for acupuncture 2x4, physical therapy 2x4, and compounded topical medications including Terocin lotion, Flurbi cream, gabacloctram, Genicin capsules, and Somnicin,

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, TWICE PER WEEK FOR FOUR WEEKS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The patient presents with 4-8/10 low back pain. The Chronic Pain Medical Treatment Guidelines recommend eight to ten sessions of physical therapy for various myalgias

or neuralgias. There does not appear to be prior physical therapy. The initial treatment notes provided from US HealthWorks, document chiropractic care. The request for physical therapy, twice per week for four weeks, is medically necessary and appropriate.

ACUPUNCTURE, TWICE PER WEEK FOR FOUR WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with 4-8/10 low back pain. The request is for acupuncture 2x4. The UR letter states the patient had acupuncture in the past, but on reviewing the treating physician's reports from 6/19/13 through 9/16/13, there is no documentation of acupuncture being provided. [REDACTED] at [REDACTED], recommended acupuncture x6 initially on 7/16/13. On 7/22/13 he cancelled chiropractic and recommended PT instead. But on 7/30/13 and 8/7/13 reports the patient had not started acupuncture or PT yet. The patient then changed physicians to [REDACTED] who requested PT and acupuncture on 9/16/13. The date of injury is listed as 6/14/13, so it appears that the prior acupuncture was prior to the 6/14/13 injury claim. The Acupuncture Medical Treatment Guidelines state that if acupuncture is going to be effective, there should be some functional improvement within three to six visits. The guidelines state that if there is documented functional improvement, the acupuncture visits can be extended. The request for Acupuncture, twice per week for four weeks, is not medically necessary or appropriate.

ONE TEROGIN PAIN PATCH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The patient presents with 4-8/10 low back pain. On the 9/16/13 report from [REDACTED], he requested Terocin lotion. However, for this IMR, I am asked to review for Terocin patch. Terocin lotion and Terocin patches are different, in that the lotion is a combination of capsaicin, methyl salicylate, menthol and lidocaine; and the patch is only 4% lidocaine and menthol. The Chronic Pain Medical Treatment Guidelines states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended."