

Case Number:	CM13-0044547		
Date Assigned:	12/27/2013	Date of Injury:	01/12/2011
Decision Date:	02/25/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/30/2013

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 patient is a 29-year-old gentleman who was injured on 01/12/11. A recent clinical assessment dated 10/07/13 by [REDACTED] documented a diagnosis of multilevel degenerative disc disease with facet arthropathy of the lumbar spine, a cervical sprain, cervical radiculopathy, right knee chondromalacia, a right ankle arthralgia, and retrolisthesis of L4-5 and L5-S1, lumbar stenosis, and lumbar radiculopathy. Reviewed at that date were radiograph reports of the cervical and lumbar spine showing an unremarkable study and MRI reports showing L4-5 canal stenosis, L5-S1 left paracentral protrusion. Electrodiagnostic studies from April 2012 showed bilateral median neuropathies at the wrist, right greater than left. The current complaints were upper and lower extremity pain, low back and neck pain. It stated that the claimant was currently utilizing medications including Norco, Medrox patches, and a home exercise program. Clinical treatment at that time consisted of continuation of physical therapy for eight additional sessions for the cervical and lumbar spine, six additional sessions of chiropractic care, eight additional sessions of acupuncture, medication management and a follow up with [REDACTED] for "general orthopedic complaints."

IMR ISSUES, DECISIONS AND RATIONALES

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

On-going care with Dr. Price: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on California ACOEM Guidelines, consultation with [REDACTED] would not be indicated. [REDACTED] indicates that [REDACTED] is an orthopedic surgeon. Review of his title indicates that [REDACTED] is also an orthopedic surgeon. It would be unclear in this claimant's chronic course of care without advancement of treatment as to why assessment with a second orthopedic individual would be necessary. This specific request in this case would not be supported.

Physiotherapy 2 times 4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment 2009 Guidelines, eight additional sessions of formal physical therapy would not be indicated. The claimant is now nearly three years from time of injury with clinical records indicating a diagnosis of strains as well as degenerative processes. It would be unclear as to why continued formal physical therapy based on the claimant's current working diagnosis would be indicated at this chronic stage of course of care. Clinical examination does not demonstrate any evidence of acute clinical findings or subjective complaints to support need of therapy.

Chiropractic 2 times 3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 58-59.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment 2009 Guidelines, chiropractic care should only be continued for a maximum duration of "eight weeks" with timeframe to produce effect being "four to six treatments." The records in this case indicate the claimant has already undergone a significant course of chiropractic care. The continued use of this form of modality three years from the injury for the claimant's current working diagnosis would not be supported.

Acupuncture 2 times 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on California MTUS Acupuncture Guidelines, continued acupuncture would not be recommended. The records indicate that the claimant has already undergone a substantial course of acupuncture treatment. Optimal duration of treatment per guidelines is "one to two months." This claimant has clearly exhausted this guideline parameter. Continued use of this therapeutic modality would not be indicated.

Terocin patch box (10 patches times 2) for the cervical and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment 2009 Guidelines, Terocin patches for the cervical and lumbar spine would not be indicated. Terocin is a combination of topical creams including Lidocaine. Chronic Pain Guidelines do not support Lidocaine, which is typically only recommended for neuropathic pain, once a trial of antidepressant and anticonvulsants have failed. The records fail to indicate the treatment of the above. The current clinical request for continued use of Terocin patches would not be indicated at this chronic stage of the claimant's clinical course of care.