

<b>Case Number:</b>	CM13-0045872		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/10/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Interventional Spine 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 30 year old male with an injury date of 02/10/2013. Based on the 09/26/2013 progress report provided by [REDACTED], the diagnoses include acute lumbar strain, rule out disc herniation, and status post left knee arthroscopy- pre-existing. According to this report, the patient complains of localized lumbar spine pain. The patient rated the pain as a 6-7/10. Lumbar and thoracic range of motion is slightly limited. Palpation of the thoracic and lumbar spine reveals tenderness and hypertonicity at the paravertebral region bilaterally, and at the quadratus lumborum muscle. Positive Kemp's test bilaterally is noted. There were no other significant findings noted on this report. [REDACTED] is requesting acupuncture 2 times a week for 3 weeks for the lumbar spine, physical therapy 2 times a week for 3 weeks for the lumbar spine, and Biotherm topical cream 4oz. The utilization review denied the request on 10/23/2013. [REDACTED] is the requesting provider, and he provided treatment reports from 03/05/2013 to 09/26/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture twice a week for weeks for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** MTUS Guidelines recommend acupuncture for pain and suffering and restoration of function. The recommended frequency and duration is 3 to 6 treatments to produce functional improvement, 1 to 2 times per year, with an optimal duration of 1 to 2 months. In this case, medical records from indicate that this patient has had 5 sessions of acupuncture treatments without much improvement and the patient continues to experience 7/10 pain. The requested 6 additional sessions without functional improvement, is not in accordance with the MTUS Guidelines. As such, the request is not medically necessary.

**Physical therapy twice a week for three weeks for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98, 99.

**Decision rationale:** MTUS Guidelines recommend physical medicine for myalgia and myositis type symptoms, with 9-10 visits over 8 weeks. Review of available reports show that the patient has had 6 sessions of physical therapy. There is no discussion regarding the patient's progress on any of the reports and what is to be achieved with additional therapy. MTUS requires that the physician provide monitoring of the patient's progress and make appropriate recommendations. In this case, the physician did not discuss the patient's treatment history nor the reasons for requesting additional therapy. In addition, the patient has had 6 physical therapy sessions; the requested 6 additional sessions exceed what is allowed per MTUS Guidelines. As such, the request is not medically necessary.

**Bio-Therm Topical Cream 4oz. (Menthyl Salicylate 20%, Menthol 1%, Capsacin 0.02%):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

**Decision rationale:** Regarding topical Lidocaine (Biotherm), MTUS Guidelines state that it is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. MTUS further states, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended use. For Salicylate, a topical non-steroidal anti-inflammatory drug (NSAID), MTUS does allow it for peripheral joint arthritis/tendinitis problems. However, the patient does not present with peripheral joint problems to warrant a compound product with Salicylate.

Furthermore, the MTUS Guidelines do not allow any formulation of Lidocaine other than in patch form. As such, the request is not medically necessary.