MAXIMUS Federal Services

Case Number:	CM13-0047136		
Date Assigned:	03/31/2014	Date of Injury:	11/16/2012
Decision Date:	05/08/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/04/2013

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 Occupational Medicine, 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 16, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; topical compounds; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report of October 8, 2013, the claims administrator approved epidural steroid injection therapy and an exercise kit while denying an Internal Medicine clearance, psychological evaluation, lumbar traction unit, and several topical compounds. The applicant's attorney subsequently appealed. An October 17, 2013 progress note is notable for comments that the applicant reports multifocal neck and low back pain with derivative issues including insomnia, headaches, and weight loss. The applicant is asked to obtain diagnostic cervical epidural steroid injections and obtain an Internal Medicine consultation prior to the evaluation. The applicant is also asked to obtain a psychological evaluation to determine the applicant's mental stability for the proposed epidural procedure. However, the applicant's mental issues are not characterized to any appreciable degree. An Internal Medicine clearance is also sought. Topical compounds, a cervical pillow, home exercise kit, and a traction device are also sought. The applicant's work status is not specified; however, it does not appear that the applicant is working.

IMR ISSUES, DECISIONS AND RATIONALES

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

CLEARANCE FROM AN INTERNAL MEDICINE SPECIALIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: While page 1 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines does suggest that a primary treating provider should obtain a specialist evaluation in individuals whose issues prove recalcitrant to conservative management. In this case, however, no clear rationale for the Internal Medicine consultation was provided. It was not clearly stated why or for what purpose the applicant needed to consult an internist. There is no mention of any issues such as diabetes, hypertension, or other disease process which would warrant the attention of an internist. Therefore, the request is not certified.

PSYCHOLOGICAL EVALUATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: While page 100 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines does recommend psychological evaluations to try and distinguish between industrial and nonindustrial mental health issues, in this case, however, the attending provider has not elaborated upon the presence or absence of mental health symptoms to any appreciable degree. It is not clearly stated why the mental health evaluation is needed here. Therefore, the proposed psychological evaluation is not certified due to lack of supporting information.

HOME LUMBAR TRACTION UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule (MTUS)-adopted American College of Occupational and Environmental Medicine (ACOEM) Guidelines in Chapter 12, Table 12-8, page 308, traction is "not recommended." ACOEM goes on to note in Chapter 12, page 300, that traction has not proved effective for lasting relief in applicants with low back pain. In this case, the attending provider has not proffered any compelling rationale or narrative so as to try and offset the unfavorable ACOEM recommendations. It is further noted that several other treatments have been certified, including the epidural steroid injections in question. It would be more appropriate to gauge the applicant's

response to the same before considering a modality which carries an unfavorable rating in ACOEM such as traction. Therefore, the request is not certified, for all the stated reasons.

KETOPROFEN 20%/ LIDOCAINE 10%/ DEXAMETHASONE 4% FOR PAIN, 120GRAMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As noted on page 112 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, Ketoprofen is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound carry unfavorable recommendations in the MTUS, the entire compound is considered not recommended and not certified, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines.

CYCLOBENZAPRINE HCL 2%/ KETOPROFEN 15%/ FLURBIPROFEN 6% FOR PAIN, 120 GRAMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As noted on pages 112 and 113 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, both Ketoprofen and Cyclobenzaprine are not recommended for topical compound formulation purposes. Therefore, the request is likewise not certified, on Independent Medical Review.