MAXIMUS Federal Services

Case Number:	CM13-0049921		
Date Assigned:	12/27/2013	Date of Injury:	03/05/1975
Decision Date:	11/07/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/08/2013

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 & 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 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:

According to the records made available for review, this is a 77-year-old male with a 3/5/75 date of injury. At the time (10/30/13) of request for authorization for outpatient physiotherapy two (2) times per week for three (3) weeks for the lumbar spine and pharmacy purchase of compound cream, there is documentation of subjective (lumbar spine pain flare-up) and objective (positive straight leg raise, decreased range of motion) findings, current diagnoses (sprain lumbar region, intervertebral disc disorder), and treatment to date (medications (Tramadol), activity modification, and physical therapy). 12/13/13 medical report identifies patient had relief and increased range of motion subsequent to physical therapy in the past. The number of physical therapy visits cannot be determined. Regarding the requested physiotherapy two (2) times per week for three (3) weeks for the lumbar spine, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy completed to date. Regarding the requested pharmacy purchase of compound cream, there is no documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed and which specific medications are being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physiotherapy Two (2) times per week for three (3) weeks for the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Feine JS and Lund JP. an Assessment of the Efficacy of Physical Therapy and Physical Modalities for the control of Chronic Musculoskeletal Pain. Pain, 1997 May; 71(1): pages 5-23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services.ODG recommends a limited course of physical therapy for patients with a diagnosis of lumbar sprain and strain not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of sprain lumbar region and intervertebral disc disorder. In addition there is documentation of previous physical therapy. However, there is no documentation of the number of physical therapy visits completed to date and, if the number of treatments have exceeded guidelines, remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. In addition, despite non-specific documentation of pain relief and increased range of motion subsequent to physical therapy in the past, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy completed to date. Therefore, based on guidelines and a review of the evidence, the request for Outpatient Physiotherapy two (2) times per week for three (3) weeks for the Lumbar Spine is not medically necessary.

Pharmacy purchase of Compound Cream: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, before the requested medications can be considered

medically appropriate, it is reasonable to require documentation of which specific medications are being requested and for which diagnoses/conditions that the requested medications are indicated. Within the medical information available for review, there is documentation of diagnoses of sprain lumbar region and intervertebral disc disorder. However, there is no documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, there is no documentation of which specific medications are being requested. Therefore, based on guidelines and a review of the evidence, the request for Pharmacy purchase of Compound Cream is not medically necessary.