MAXIMUS Federal Services

Case Number:	CM13-0050277		
Date Assigned:	12/27/2013	Date of Injury:	06/21/2013
Decision Date:	03/11/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/11/2013

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 41-year-old male who reported a work related injury on 06/21/2013 as a result of strain to the lumbar spine. MRI of the lumbar spine dated 07/29/2013 signed by [redacted] revealed a large 9 mm x 8 mm x 17 mm extradural defect which extends to the ventral aspect of the thecal sac at the L5-S1 level which appeared to be slightly compressing and displacing the right S1 nerve root. The clinical note dated 08/08/2013 reports the patient was seen under the care of [redacted]. The provider documented upon physical exam of the patient, the patient had weakness of the right lower extremity with mild calf atrophy, decreased sensation at the L5-S1 nerve root distribution, positive straight leg raise testing to the right, and decreased range of motion about the lumbar spine secondary to pain. The provider recommended injection therapy for the patient's current symptomatology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for 1 spine surgical consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 305,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The current request is supported. The clinical documentation submitted for review reports the patient did undergo an initial consultation under the care of orthopedic surgeon, [redacted]. California MTUS/ACOEM Guidelines do indicate consultation may be appropriate. The goal of such evaluation is in fact functional recovery and return to work. The provider documented upon physical exam of the patient, the patient had weakness of the right lower extremity with mild calf atrophy, decreased sensation at the L5-S1 nerve root distribution, positive straight leg raise testing to the right, and decreased range of motion about the lumbar spine secondary to pain. MRI of the lumbar spine dated 07/29/2013 signed by [redacted] revealed a large 9 mm x 8 mm x 17 mm extradural defect which extends to the ventral aspect of the thecal sac at the L5-S1 level which appeared to be slightly compressing and displacing the right S1 nerve root. Given the above, the request for 1 spine surgical consultation is medically necessary or appropriate.

Decision for 1 prescription of Flurbiprofen, Capsaicin Menthol, Camphor cream: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 305,Chronic Pain Treatment Guidelines.

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence the patient's reports of efficacy with his current medication regimen. In addition, the patient was noted to have been utilizing oral anti-inflammatories in addition to topical anti-inflammatories. California MTUS indicates, topical analgesics are largely experimental in use with few, randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Given the lack of documentation of the patient's reports of efficacy with utilization of the requested topical analgesic as noted by a decrease in rate of pain on a Visual Analog Scale and increase in objective functionality, the request for 1 prescription of Flurbiprofen, Capsaicin, menthol, camphor cream is not medically necessary or appropriate.