MAXIMUS Federal Services

Case Number:	CM13-0050943		
Date Assigned:	12/27/2013	Date of Injury:	08/12/2012
Decision Date:	04/24/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/13/2013

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 31-year-old female who injured her neck and low back on 8/12/12 after a trip and fall sideways while carrying a box at work. Her diagnoses include an acute lumbar strain with disc herniation and bilateral lower extremity radicular pain and an acute cervical strain. There is a retrospective request (9/19/13) for the medical necessity of BioTherm for the lumbar spine. There is a 9/19/13 primary treating physician's report, which states that the patient presents with continued pain in the neck radiating to her shoulder and arms associated with numbness and tingling. She also complains of low back pain, which radiates to the bilateral legs. A physical examination of the lumbar spine showed no evidence of edema, bruising, discoloration, rash, scar, abrasion or laceration. There is decreased lumbar range of motion, tenderness to palpation and hypertonicity bilaterally. The patient has a negative straight leg raising and Kemp's test on the right however, positive on the left. There is a negative Braggard's test. Reflexes are 2+ bilaterally in the L4--S1 muscle groups. There is normal sensation in L4, L5 and S1 nerve distribution. There is weaker left strength and smaller left biceps and forearm circumference. The provider prescribed Ultram, Norco and Capsaicin based Biotherm for lower back pain. The provider also recommended an electromyography/nerve conduction velocity (EMG/NCV) study of the bilateral lower extremities. The documentation states that the patient can work with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO REQUEST (DOS 9/19/13) FOR BIO THERM 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 Page(s): 111-113; 28-29.

Decision rationale: The retrospective request (DOS 9/19/13) of BioTherm for the lumbar spine is not medically necessary per the MTUS guidelines. Biotherm contains (Methyl Salicylate 20%/Menthol 10%/Capsaicin 0.002%) The MTUS states that topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The documentation submitted does not reveal that patient is intolerant to other oral medications. Salicylate topicals (such as methyl salicylate) are recommended by the MTUS for osteoarthritis and tendinitis in joints that are amenable to topical treatment but not for use in the spine or for neuropathic pain. Additionally, the MTUS states that topical analgesics are, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. " Furthermore, the request has no specification of duration or frequency. The request for Bio-Therm for the lumbar spine is not medically necessary and is recommended as non-certified.