

Case Number:	CM13-0056190		
Date Assigned:	12/30/2013	Date of Injury:	06/13/2012
Decision Date:	04/01/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/22/2013

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 Family Practice and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working least at 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 49-year-old male who reported an injury on 06/13/2012. The mechanism of injury was noted to be the patient was bending over at the waist to subdue a suspect and injured his back. The patient was noted to undergo physical therapy and take medications. The patient also had acupuncture visits. The patient's pain radiated from the low back to the hips, buttocks, feet, and down to the legs. The pain was 5/10. The pain was intermittent, lasting less than one third of the day. The patient's current medication was noted to be cyclobenzaprine. The physical examination revealed the patient had decreased range of motion in the lumbar spine. The patient had paresthesia to light touch along the lateral right thigh. Patellar reflexes and Achilles tendon reflexes were 2+ bilaterally. The patient had a positive slump test. The patient's strength test was 5/5 for the lower extremities, with the exception being the patient had 4/5 in the right ankle with dorsiflexion and plantar flexion. The diagnoses were noted to be lumbosacral strain, sprains and strains of the sacroiliac ligament, and sprains and strains of the pelvis. The request was made for an ergonomic evaluation of the patient's workspace as well as an ergonomic chair, ergonomic phone, and ergonomic keyboard, along with Biofreeze gel, physical therapy, acupuncture, and a refill of cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ergonomic chair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Lumbar & Thoracic, Ergonomics interventions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, DME.

Decision rationale: The Official Disability Guidelines indicate that durable medical equipment is appropriate if there is a medical need and the device meets Medicare's definition of durable medical equipment, which includes it could withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. The clinical documentation submitted for review failed to indicate the requested service. The requested durable medical equipment was primarily and customarily used to serve a medical purpose and is not useful to a person in the absence of illness or injury. Given the above, the request for an ergonomic chair is not medically necessary.

Ergonomic phone: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Lumbar & Thoracic, Ergonomics interventions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, DME.

Decision rationale: The Official Disability Guidelines indicate that durable medical equipment is appropriate if there is a medical need and the device meets Medicare's definition of durable medical equipment, which includes it could withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. The clinical documentation submitted for review failed to indicate the requested service. The requested durable medical equipment was primarily and customarily used to serve a medical purpose and is not useful to a person in the absence of illness or injury. Given the above, the request for an ergonomic phone is not medically necessary.

Ergonomic keyboard: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Lumbar & Thoracic, Ergonomics interventions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, DME.

Decision rationale: The Official Disability Guidelines indicate that durable medical equipment is appropriate if there is a medical need and the device meets Medicare's definition of durable medical equipment, which includes it could withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. The clinical documentation submitted for review failed to indicate the requested service. The requested durable medical equipment was primarily and customarily used to serve a medical purpose and is not useful to a person in the absence of illness or injury. Given the above, the request for an ergonomic keyboard is not medically necessary.

Cyclobenzaprine 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines indicate that muscle relaxants are prescribed as a second-line option for the short-term treatment of an acute exacerbation of low back pain. It is recommended for no more than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide the duration the patient had been on the medication. However, the office note of 10/29/2013 indicated the patient was currently taking cyclobenzaprine. There was a lack of documentation indicating the patient had trialed and failed a first-line therapy. There was a lack of documentation indicating the patient had a necessity for treatment greater than 3 weeks. There was a lack of documentation of objective functional improvement. Additionally, there was a lack of documentation per the submitted request for the quantity of medication being requested. Given the above, the request for cyclobenzaprine 7.5 mg is not medically necessary.

Biofreeze gel: 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 Salicylates Page(s): 105.

Decision rationale: The California MTUS Guidelines indicate that topical salicylates are appropriate treatment for chronic pain. The patient was noted to have pain of a 5/10. The request, as submitted, failed to indicate the quantity of Biofreeze being requested. Given the above, the request for Biofreeze gel is not medically necessary.

Diclofenac Sodium ER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, specific drug list & adverse effects. Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS Guidelines indicate that NSAIDs are appropriate treatment for back pain after the use of acetaminophen, and it provides short-term symptomatic relief. The clinical documentation submitted for review failed to indicate if the patient had previously trialed and failed acetaminophen. The request, as submitted, failed to indicate the quantity and strength of diclofenac sodium ER. Given the above, the request for diclofenac sodium ER is not medically necessary.

Physical therapy 2x6, 2 visits over 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS Guidelines indicate that physical medicine is appropriate treatment with a maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the patient had previously participated in physical therapy. There was a lack of documentation indicating functional benefit received from prior therapy, as well as number of sessions. There was a lack of documentation indicating the patient had functional deficits to support ongoing physical therapy. Given the above, the request for physical therapy 2x6, two visits over 6 weeks is not medically necessary.

Acupuncture 2x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines indicate that acupuncture is used as an option when pain medication is reduced or not tolerated, and as an adjunct to physical rehabilitation. The time to produce functional improvement is 3 to 6 treatments. The patient had previously been treated with acupuncture. However, there was a lack of documentation indicating the quantity of sessions the patient had previously received, and the objective functional benefit that was received as well as an objective decrease in the Visual Analog Scale

score. The request, as submitted, failed to indicate the body part the acupuncture was to treat. Given the above, the request for acupuncture 2x6 is not medically necessary