MAXIMUS Federal Services

Case Number:	CM13-0061075		
Date Assigned:	12/30/2013	Date of Injury:	01/14/2012
Decision Date:	06/24/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/04/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 59 year old with an injury date on 1/14/12. Based on the 10/24/13 progress report provided by [redacted] the diagnoses are. L-spine s/s, T-spine s/s. Exam on 10/24/13 showed antalgic gait favoring left side, walks with a cane, and tenderness to palpation over lumbar bilaterally. Straight leg raise test positive bilaterally, lasegue's test positive bilaterally. L-spine range of motion: Flexion 40, extension 20, Right lateral 15, Left lateral 15." Review of the reports does not show any evidence of MRIs being done in the past. [redacted] is requesting MRI L-spine, psychiatric-psychology consul/treatment follow up, internal assessment for medical causes of anxiety, Cyclo-Keto-Lido TD cream 2x day 240gm, 1 refill. The utilization review determination being challenged is dated 11/8/13. [redacted] is the requesting provider, and he provided treatment reports from 1/23/13 to 10/24/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, LOW BACK COMPLAINTS,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOWER BACK

Decision rationale: This patient presents with moderate to severe lower back pain especially on left side, radiating to lower extremities with numbness, tingling. The treater has asked MRI L-spine on 10/24/13. 7/8/13 report shows patient has diminishing response to chiropractic care. 9/18/13 report states patient is undergoing physical therapy with minimal benefit. Reports do not show any evidence of patient having MRIs administered in the past. For uncomplicated low-back pain MRI's, ODG guidelines require documentation of radiculopathy, not responding to conservative care, prior surgery or caudal equine. In this case, the treater has asked for MRI of L-spine for patient's ongoing radicular complaints. Therefore the request is medically necessary.

PSYCHIATRIC-PSYCHOLOGY CONSULT/TREATMENT FOLLOW-UP: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS page 8 has the following: The physician should p. Decision based on Non-MTUS Citation (ACOEM Practice Guidelines Independent Medical Examinations and Consultations, page 127

Decision rationale: This patient presents with moderate to severe lower back pain especially on left side, radiating to lower extremities with numbness, tingling. The treater has asked psychiatric-psychology consult/treatment follow up on 10/24/13. On 9/23/13, patient states anxiety, irritability, and temper, depression have been reduced, and reports rare crying episodes, and is taking Celexa and Ativan. Internal medicine consultation on 6/25/13 recommended psychological evaluation for patient's anxiety. RFA dated 10/24/13 states: "patient has undergone conservative treatment and is now in chronic phase." Regarding consultations, ACOEM states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the treater has asked for psychiatric-psychology consult/treatment follow up for patient's psychiatric complaints which have failed to respond to conservative treatment, and which has been recommended by internal medicine consult. Therefore the request is medically necessary.

INTERNAL ASSESSMENT FOR MEDICAL CAUSES OF ANXIETY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS page 8 has the following: The physician should p.

Decision based on Non-MTUS Citation (ACOEM Practice Guidelines Independent Medical Examinations and Consultations page 127

Decision rationale: This patient presents with moderate to severe lower back pain especially on left side, radiating to lower extremities with numbness, tingling. The treater has asked internal assessment for medical causes of anxiety on 10/24/13. Patient already had internal medicine consultation on 6/25/13 which showed "no internal medicine cause for anxiety based on today's evaluation." Regarding consultations, ACOEM states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, treater does not indicate why another internal medicine consultation would be necessary. Therefore the request is not medically necessary.

CYCLO-KETO-LIDO TD CREAM TWICE A DAY 240 GM, 1 REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL MEDICINE Page(s): 111-113.

Decision rationale: This patient presents with moderate to severe lower back pain especially on left side, radiating to lower extremities with numbness, tingling. The treater has asked Cyclo-Keto-Lido TD cream 2x day 240gm, 1 refill on 10/24/13. Regarding topical analgesics, MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Chronic Pain Medical Treatment Guidelines, specifically states ketoprofen is not FDA apporoved for topical applications. Any compounded topical product containing Ketoprofen would not be recommended. In addition, Cyclobenzaprine is not indicated for topical use. Therefore, Cyclo-Keto-Lido TD cream is not in accordance with Chronic Pain Medical Treatment Guidelines. Therefore the request is not medically necessary.