MAXIMUS Federal Services

Case Number:	CM13-0069390		
Date Assigned:	01/03/2014	Date of Injury:	08/09/1993
Decision Date:	04/21/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/20/2013

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:

The patient is a 45 year old female who was injured on 07/06/2012. She went for an epidural injection for her right side of her neck. After waking up from procedure she could not wiggle her toes. One week later, she was sitting in a lecture when she collapsed. The paramedics came and asked her to move her arms but she couldn't. She was sent to the hospital and got multiple diagnostic testing that revealed a punctured spinal cord. She was then transferred to [redacted] and stayed for 1 month. A physical therapy progress note dated 11/18/2013 indicated the patient has made great progress since last treatment evaluation. Her gait endurance has increased from being able to ambulate 250 ft to 1/2 mile without use of a single point cane. She has also increased her right hip extension strength and scapulothoracic strength. She is able to ambulate on her stairs at home while carrying light objects without loss of balance. The patient still complains of 8-9/10 low back spasms after a day of increased activity. A PR2 dated 1/29/2013 indicated the patient is taking Flexeril, hydrocodone as needed, Robaxin, and Naproxen daily. The patient is attending therapy which she states is helping. Her pain is 9 before taking medication and down to 7 after taking the medication. Objective findings on exam revealed give-way weakness of the quadriceps on the right. The patient was instructed to continue with Methocarbamol 750 mg, Omeprazole 20 mg, and hydrocodone 5/325 mg. She was instructed to continue with exercises to increase range of motion and strengthening and continue with physical medicine and rehabilitation. She was prescribed a stationary bicycle for exercises and to increase strengthening. A physical medicine and rehabilitation report dated 10/14/2013 indicated she walks with a single point cane. She no longer uses a walker. She is going to aqua therapy 2x/week, physical therapy 2x/week, and acupuncture 1x/week. Her medications included Vicodin 2x/week, Robaxin 750 mg, Flexeril 10 mg, and Naprosyn 500 mg/day. She could not tolerate Neurontin or Cymbalta due to their effects of swelling and GI complaints. On review of

systems, her pain is 5/10. She states Flexeril makes her groggy. Her appetite is good. She is driving short distances and her fluid (H2O) intake has improved. She is ambulating with a single point cane. Her balance is good with walking in the office hallway. She walks slowly and deliberately. Her muscles with are with spasms and tightness in the back.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF TRAUMEEL CREAM: Upheld

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

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

Decision rationale: The medical records do not establish failure or exhaustion of standard interventions. According to the MTUS Chronic Pain Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The documentation does not establish the components of this product have been found to be more efficacious by the evidenced based medical literature. As per the MTUS Chronic Pain Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. A clear detailed rationale that establishes the medical necessity of this product is not evidenced. The medical necessity of this product has not been established. The request is not medically necessary and appropriate.

ONE STATIONARY BIKE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: According to the referenced guidelines, DMEs (Durable Medical Equipment) is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment, which an exercise bike does not. Generally, the criteria for this definition includes that the device is primarily and customarily used to serve a medical purpose and generally is not useful to a person in the absence of illness or injury. The MTUS Chronic Pain Guidelines state patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. It is reasonable and appropriate that the patient can continue to make functional gains with a self-directed exercise program which would not require access to extraneous equipment, such as a stationary bike. The medical records do not establish this request as medically necessary. The request is not medically necessary and appropriate.