

Case Number:	CM13-0072456		
Date Assigned:	01/03/2014	Date of Injury:	01/18/2013
Decision Date:	05/06/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/31/2013

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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:

This is a 51-year-old injured in a work-related accident January 18, 2013 when he fell backwards resulting in acute left lower extremity complaints and low back pain. A recent assessment for review, a November 5, 2013 progress report indicates ongoing low back pain with radicular pain to the left lower extremity. There was noted to be associated numbness and tingling. There was also a vague complaint of neck stiffness. It specifically indicates, "Medications are not helping." Physical examination revealed tenderness to palpation of the paracervical muscle, both at the cervical at the lumbar spine with 5/5 motor strength and normal sensation to the upper and lower extremities. The claimant was diagnosed with lumbago and lumbar radiculitis as well as cervical disc protrusion. Previous clinical records for review indicate that the claimant has been treated conservatively with medication management, activity restrictions, physical therapy, and acupuncture. The current present requests are for use of continued physical therapy for six additional sessions, continuation of acupuncture, MRI of the cervical spine, an MRI of the lumbar spine, toxicology testing, "DNA" testing, topical compounded medications, and a neuromuscular stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy, QTY 6.00: Upheld

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

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

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, continuation of physical therapy in this case would not be supported. CA MTUS states, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis. "The records indicate over the past year the claimant has undergone a significant course of formal physical therapy with at present no documentation of significant acute exacerbation of findings or demonstration of significant benefit with the above-mentioned modality. The continued role of this modality in the chronic setting in this case would thus not be supported.

Acupuncture, QTY 3.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California Medical Treatment Guidelines would also not recommend the continued role of acupuncture. CA MTUS states, "Acupuncture treatments may be extended if functional improvement is documented." Current clinical records for review fail to demonstrate benefit with the recent course of conservative measures that have included acupuncture-based treatments. The specific role of three additional sessions of acupuncture given the claimant's current clinical presentation and absence of acute physical examination findings would not be indicated.

MRI of the cervical spine, QTY 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

Decision rationale: California ACOEM guidelines would not support the role of an MRI of the cervical spine. CA MTUS states, "Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction." The claimant's current physical examination demonstrates tenderness to palpation but demonstrates no evidence of a radicular process with normal strength and sensation indicated. The lack of acute neurologic compromise on examination would fail to necessitate the above test.

MRI of the lumbar spine, QTY 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

Decision rationale: Based on California ACOEM guidelines, MRI of the lumbar spine also would not be indicated. CA MTUS states, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging." While the claimant continues to be with subjective complaints of low back and leg pain, physical examination findings do not demonstrate progressive neurologic finding or neurocompressive examination criteria that would support the acute need of imaging. The specific request in this case would not be indicated.

Toxicology testing, QTY 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

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

Decision rationale: Based on California MTUS chronic pain guidelines, a toxicology screen would not be indicated. CA MTUS states, "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. Lab studies: (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control." Recent clinical records for review do not demonstrate the claimant to be currently be utilizing oral opioid medication. The specific request in this case would not be supported.

DNA testing, QTY 1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 127.

Decision rationale: MTUS guidelines would also not support the role of DNA testing. CA MTUS states, "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." The role of this laboratory testing to screen the claimant for pre-existing conditions/measures would not currently have a role in the

work-related setting. The specific request for the role of this treatment would thus not be supported.

Capsaicin 0.025 , Flurbiprofen 15 , Tramadol 15 , Menthol 2 , Camphor 2% 240gm, DOS 11/15/13, QTY 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 7, page 127.

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

Decision rationale: MTUS guidelines would not support the role of the topical agent containing capsaicin, Flurbiprofen, tramadol, menthol, camphor. Guideline criteria would only recommend the role of topical use of capsaicin as an option in individuals who have not responded or are intolerant to other forms of first-line agents. Primary studies in regard to use of capsaicin have been for postherpetic neuralgia, diabetic neuropathy, and postoperative pain of which this claimant is with none of the above diagnoses. The specific role of this agent in the absence of first-line treatments for modalities would not be indicated. In addition, CA MTUS states on topical agents, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety."

Camphor 2% 240gm, DOS 11/15/13, QTY 1.00: Upheld

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

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

Decision rationale: Compound containing Flurbiprofen and lidocaine also would not be indicated. In regard to topical use of lidocaine, guideline criteria indicate its role for neuropathic pain after trialing of first-line agents such as tricyclic anti-depressants or if agents such as gabapentin and Lyrica have failed. The claimant's current clinical picture does not support neuropathic pain nor does it demonstrate treatment with first-line agents. The specific request in this case would thus not be indicated. In addition CA MTUS states on topicals, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety."