

Case Number:	CM14-0104617		
Date Assigned:	07/30/2014	Date of Injury:	03/08/2000
Decision Date:	09/09/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/07/2014

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 Family Medicine, and is licensed to practice in North Carolina. 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 injured worker is a 47 year-old with a reported date of injury of 03/08/2000. The patient has the diagnoses of post lumbar laminectomy syndrome, lumbar disc disorder, chronic back pain and lumbar facet syndrome. Per the progress reports provided by the primary treating physician dated 06/24/2014, the patient had complaints of back pain radiating from the low back down the left leg that was unchanged from previous visits. The physical exam noted antalgic gait, restricted range of motion in the lumbar spine and lumbar bilateral paraspinals muscle tenderness to palpation with spasm. Treatment recommendations included continuation of medication; psychiatry and internal medicine follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tegaderm 4"x 4-3/4" dressing quantity #15: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence, 3M Tegaderm product information.

Decision rationale: The MTUS and the ACOEM do not address specifically the use of Tegaderm. The manufacture's information on the product per their website states the product is designed for use as a sterile, waterproof, thin transparent film designed to be applied over I.V. devices, clean skin or wounds providing breathable bacterial and viral barrier to outside contaminants. There is no listed indication for the prescribed use to keep Duragesic patches in place. There is no objective justification for the use of this product versus standard medical tape. For these reasons the request is not medically necessary.