

Case Number:	CM14-0012308		
Date Assigned:	02/21/2014	Date of Injury:	10/28/2013
Decision Date:	08/01/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/30/2014

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 Orthopedic Surgery 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 60-year-old female who has filed a claim for lumbosacral sprain with right L5-S1 radiculopathy associated with an industrial injury date of October 28, 2013. Review of progress notes indicates low back pain with occasional pain in neck and thoracic spine. Findings include positive Hoffman on the left hand, tenderness over the lumbar region and sacroiliac joints, decreased sensation of the right foot, positive straight leg raise test bilaterally, and tenderness over the right medial foot. X-ray of the right hip dated October 28, 2013 was normal. Of note, patient has cerebral palsy involving the left more than the right side of the body. Treatment to date has included topical analgesics and TENS. Utilization review from January 21, 2014 denied the requests for baseline functional capacity evaluation as this is not supported above and beyond the results of a physical examination; urine drug test as there was no documentation regarding the indication or suspicion of medication abuse/misuse; lumbar support brace as there was no documentation of spondylolisthesis, instability, or post-operative treatment; and topical Naprosyn cream as it is only indicated for use for joints that are amenable to topical treatment. There was modified certification for chiropractic manipulation for C/S, LS/, T/S for 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baseline Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine 2nd Edition (2004) Chapter 7.

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) 132-139; Official Disability Guidelines (ODG) Fitness for Duty chapter, Functional capacity evaluation (FCE).

Decision rationale: As stated on page(s) 132-139 of the CA ACOEM Guidelines, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. FCEs may establish physical abilities and facilitate the return to work. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. According to ODG, functional capacity evaluations (FCEs) are recommended prior to admission to a work hardening program, with preference for assessments tailored to a specific task or job. They are not recommended for routine use as part of occupational rehab or screening, or generic assessments. Consider an FCE if case management is hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting on precautions or fitness for modified job, and injuries that require detailed exploration of a worker's abilities. In this case, progress notes indicate that based on the examination findings, the patient may resume full duty at work. There is no indication regarding the necessity of a functional capacity evaluation as there is no documentation regarding complicating factors for return-to-work activities. Therefore, the request for baseline functional capacity evaluation is not medically necessary.

Chiropractic manipulation for the cervical, lumbar, and thoracic spine quantity 12.00:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that the goal of manual therapy is to achieve positive symptomatic or objective measurable functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. For the low back, trial of 6 visits is recommended, and with evidence of objective functional improvement, a total of up to 18 visits is supported. In addition, elective/maintenance care is not medically necessary. In this case, a trial of chiropractic therapy may be a reasonable option in the patient's course of treatment. However, the requested quantity exceeds the guideline recommended amount of 6 initial visits. Therefore, the request for chiropractic manipulation for the cervical, lumbar, and thoracic spine x 12 is not medically necessary.

Urine drug test quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: As stated in page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines, urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. In this case, there is no documentation of use of opioids, or any oral pain medication, to support this request. There is no indication of suspicion for illegal drug use or abuse as well. Therefore, the request for urine drug test is not medically necessary.

Lumbar support brace quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Lumbar supports.

Decision rationale: As stated on page 301 of the ACOEM Low Back Guidelines referenced by CA MTUS, back braces have not been shown to have any lasting benefit beyond the acute phase of symptom relief. According to ODG, they are indicated for management of compression fractures, spondylolisthesis, or documented instability. There is very low quality evidence for treatment of nonspecific LBP as a conservative option. Lumbar supports are not recommended for prevention. In this case, there is no documentation of fractures, spondylolisthesis, or documented instability to support this request. There is no documentation regarding the need for restriction of lumbar spinal mobility in this patient. Therefore, the request for lumbar support brace is not medically necessary.

Topical Naprosyn cream quantity 1.00: 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 Analgesics, Non-steroidal anti-Inflammatory agents (NSAIDs) Page(s): 111-112.

Decision rationale: As noted on page 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, many agents are compounded as monotherapy or in combination for pain control. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. CA MTUS Chronic Pain Medical Treatment Guidelines states that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing

effect over another 2-week period. Topical NSAIDs are indicated for osteoarthritis and tendinitis of the knee and elbow, or other joints amenable to topical treatment. There is little evidence for the spine, hip, or shoulder. The only FDA-approved agent is Voltaren Gel 1%. In this case, the patient presents with findings referable to the cervical, thoracic, and lumbar spine. These body parts are not amenable to treatment with topical NSAIDs. There is also no indication regarding intolerance to oral NSAIDs. Therefore, the request for topical Naprosyn cream is not medically necessary.