

Case Number:	CM14-0015821		
Date Assigned:	03/03/2014	Date of Injury:	04/01/2013
Decision Date:	06/30/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/07/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 58 year old female who reported an injury on 04/01/2013, the mechanism of injury was not provided. The clinical note dated 01/23/2014 noted the injured worker presented with low back, leg and right hand pain as well as dry mouth due to the tramadol. Upon exam of the left lumbar, there was very limited range of motion and the injured worker utilizes a cane to walk. The previous treatment included Toradol, cortisone, and naproxen. The provider recommended cognitive behavioral therapy, lumbar epidural steroid injection, Menthoderm cream, and rocker bottom shoes. The provider's rationale was not included within the medical documents. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavior Therapy Guidelines for chronic pain Page(s): 23.

Decision rationale: The MTUS Chronic Pain Guidelines recommend a psychotherapy referral after a 4 week lack of progress from physical medicine alone. An initial trial of 3 to 4 psychotherapy visits over 2 weeks would be recommended, and with evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks would be recommended. The requesting physician did not include an adequate psychological assessment including quantifiable data in order to demonstrate significant deficits would require therapy as well as establish a baseline by which to assess improvements during the therapy. The request as submitted failed to provide the frequency and duration of the cognitive therapy. As such, the request is not medically necessary and appropriate.

LUMBAR EPIDURAL STEROID INJECTION X 1: 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, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The MTUS Chronic Pain Guidelines recommend ESI as an option for treatment of radicular pain. There is no information on improved function. The criteria for use for an ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be used performing fluoroscopy, no more than 2 root levels should be injected using transforaminal blocks. The clinical note lacked evidence of objective findings of radiculopathy, with numbness, weakness, and loss of strength. There was no radiculopathy documented by the physical examination. There is lack of documentation of the injured worker's initial unresponsiveness to conservative treatment, which would include exercise, physical methods, and medication. The provider's request did not include the site at which to the lumbar injection was to take place. As such, the request is not medically necessary and appropriate.

MENTHODERM CREAM: 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 Salicylate topicals, Topical Analgesics Page(s): 105.

Decision rationale: The MTUS Chronic Pain Guidelines recommend salicylate topical for chronic pain. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressant and anticonvulsants have failed. The included documentation lacked evidence of the injured worker's failure of anticonvulsants and antidepressants. The provider's request did not indicate a dose or frequency for the cream, and it did not indicate the site at which the cream was to be used for. As such, the request is not medically necessary and appropriate.

ROCKER BOTTOM SHOES/ADJUSTED ORTHOTICS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg, Footwear, knee arthritis.

Decision rationale: The Official Disability Guidelines recommend specialized footwear for effectively reducing joint loads in subjects with knee osteoarthritis, compared with self chosen shoes and control walking shoes. Walking shoes increase joint load compared to with walking barefoot. There is a lack of significant objective examination findings to support possible pathology that would warrant rocker bottom shoes. There were no subjective complaints or objective exam findings regarding the knee in the included documentation. As such, the request is not medically necessary and appropriate.