

Case Number:	CM14-0127548		
Date Assigned:	08/15/2014	Date of Injury:	09/18/2013
Decision Date:	09/18/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/11/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 33 year old male who reported an injury to his low back. The clinical note dated 07/29/14, indicates the initial injury occurred when he was loading lumber wood. The mechanism of injury is described as bending down to pick up another piece of wood which resulted in low back pain. The note indicates the injured worker having previously undergone the use of medications, physical therapy, and acupuncture, which did provide some relief. The note indicates the injured worker was having complaints of a frequent moderately sharp and stabbing sensation in the low back with numbness and tingling. His range of motion testing elicited pain throughout the lumbar region. The injured worker was able to demonstrate 60 degrees of flexion along with 25 degrees of bilateral lateral bending. Tenderness was identified upon palpation over the bilateral sacroiliac joints and the lumbar paravertebral musculature. The therapy note dated 03/25/14, indicates the injured worker having initiated acupuncture treatments. There is an indication the injured worker had not shown much improvement following the 1st acupuncture treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture 2 x 6 is not medically necessary. The documentation indicates the injured worker having previously undergone acupuncture treatments. Additional acupuncture would be indicated, provided the injured worker meets specific criteria to include an objective functional improvement through the initial course of treatment. No objective data was submitted confirming that the injured worker had a positive response to the previously rendered acupuncture. Given this, the request is not indicated as medically necessary.

Physiotherapy 2x6: 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 Official Disability Guidelines (ODG) Low Back Chapter, Physical Medicine.

Decision rationale: There is an indication the injured worker has previously undergone physical therapy addressing the lumbar complaints. No objective data was submitted confirming the injured worker had a positive response to the previously rendered therapy. Given this, the request is not indicated as medically necessary.

Flurbiprofen 20%, Tramadol 15%, 180 gm: 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 Page(s): 111.

Decision rationale: The safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CA MTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. In addition, there is no evidence within the medical records submitted, that substantiates the necessity of a transdermal versus oral route of administration. Therefore, this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines. As such, this request is not medically necessary.

Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM , 2nd ed., Chapter 7 Independent Medical Examinations and Consultations page 132-139 Official Disability Guidelines, Fitness for duty (updated 3/26/14 Functional capacity evaluation (FCE).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: A functional capacity evaluation is indicated for injured workers who have had an unsuccessful return to work. No information was submitted regarding the injured worker's previous attempts at returning to the work force. Therefore, this request is not medically necessary.