

Case Number:	CM14-0129844		
Date Assigned:	08/20/2014	Date of Injury:	05/09/2014
Decision Date:	09/22/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/14/2014

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 Orthopaedic 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:

This 69-year-old female cake decorator sustained an industrial injury on 5/9/14. Injury occurred when she tripped over an electrical cord and fell landing on her left knee and left side of her body. The 6/19/14 Doctor's First Report cited initial emergency department treatment with x-rays, pain medications, cervical collar, and home heat. No prior conservative therapy had been rendered. Subjective complaints included headache, neck, low back, left knee, and left ankle pain. Functional difficulty was noted in prolonged sitting and standing, driving, uneven walking, and stair climbing. Physical exam documented mild to moderate loss of spinal range of motion and paraspinal muscle spasms and guarding. The diagnosis was cervical/trapezial and thoracolumbar musculoligamentous sprain/strain, left knee contusion sprain/strain, left ankle sprain/strain, and cervicogenic post-traumatic cephalgia. The treatment plan recommended chiropractic/physiotherapy treatment 3x4, an OrthoStim muscle stimulation unit, Anaprox 550 mg #60, Norflex 100 mg #60, and Norco 2.5/325 mg #60. The patient was placed off work for 4 to 6 weeks. The 8/5/14 utilization review denied the request for Anaprox DS based on an absence of documented functional benefit with use. The request for Norflex 100 mg #60 was partially certified for #20 tablets for downward titration and discontinuation as the long-term use of this medication was not supported by guidelines. The request for an OrthoStim unit was denied as all the electrical therapies provided by this unit were not supported by guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, NSAID's.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 174,299.

Decision rationale: The California MTUS ACOEM guidelines recommend the short term use of muscle relaxants for acute spasms in patients with acute low back pain. Guideline criteria have not been met. This patient presented for initial treatment of an acute spinal musculoligamentous sprain/strain injury. The request for Norflex 100 mg #60 was partially certified for #20 tablets for downward titration and discontinuation as the long-term use of this medication was not supported by guidelines. The combination of findings do not support a variance from the opinion rendered. Therefore, this request is not medically necessary.

Norflex 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

Decision rationale: The California MTUS ACOEM guidelines recommend the short term use of muscle relaxants for acute spasms in patients with acute low back pain. Guideline criteria have not been met. This patient presented for initial treatment of an acute spinal musculoligamentous sprain/strain injury. The request for Norflex 100 mg #60 was partially certified for #20 tablets for downward titration and discontinuation as the long-term use of this medication was not supported by guidelines. The combination of findings do not support a variance from the opinion rendered. Therefore, this request is not medically necessary.

OrthoStim Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, NMES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 173-174, 300, 339, 371.

Decision rationale: The OrthoStim unit provides a combination of interferential current, neuromuscular electrical stimulation (NMES), and galvanic current. The California MTUS ACOEM guidelines state that physical modalities, such as electrical therapies, have no proven efficacy in treating acute neck, low back, knee, or ankle symptoms. The MTUS guidelines

consider galvanic stimulation investigational for all indications. The use of an OrthoStim unit in the treatment of this acute injury does not meet guideline criteria for medical necessity. If one or more of the individual modalities provided by this multi-modality unit is not supported, then the unit as a whole is not supported. Guidelines clearly do not support the use of galvanic stimulation. Therefore, this request is not medically necessary.