

Case Number:	CM14-0132882		
Date Assigned:	08/22/2014	Date of Injury:	03/30/2000
Decision Date:	09/18/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/19/2014

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 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 is a 57 year-old male claimant who sustained a work injury on 3/30/2000 involving the neck and right groin. He was diagnosed with bilateral hip pain and chronic neck pain. A progress note on 7/22/14 indicated the claimant had continued pain in the involved area. He had completed acupuncture treatments. Examination was notable for limited range of motion of the cervical spine. The treating physician requested topical Voltaren gel, 6 sessions of Myofascial Treatments and the use of a Therapy Ball.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Myofascial Treatments (2x3) for cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60-127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: Myofascial therapy is similar to massage therapy. According to the MTUS guidelines, massage therapy should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. In this case, there is no

documentation of prior massage / myofascial therapy sessions. Therefore, the above request is appropriate along with other treatments including exercise and is medically necessary.

Therapy Ball: 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), Durable Medical Equipment (DME).

Decision rationale: The ACOEM and MTUS guidelines do not comment on a therapy ball. According to the ODG guidelines, DME is recommended generally if there is a medical need. In this case, there is no indication for the application/use of the therapy ball or frequency of use. The request is not specified in detail and is therefore not medically necessary.

Voltaren 1% Topical Gel #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren is a topical NSAID. The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. 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. Voltaren Gel 1% (Diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Based on the lack of evidence for its use in the neck and hips, the request for Voltaren gel is not medically necessary.