

Case Number:	CM14-0137884		
Date Assigned:	09/05/2014	Date of Injury:	02/19/2014
Decision Date:	10/31/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/26/2014

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 Surgeon 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 63-year-old male who reported a twisting injury on 02/19/2014. The current diagnoses include musculoligamentous strain of the cervical spine and musculoligamentous strain of the lumbar spine. Previous conservative treatment is noted to include medication management, 6 sessions of physical therapy, and 3 sessions of chiropractic treatment. The latest physician progress report submitted for this review is documented on 07/03/2014. The injured worker presented with complaints of ongoing lower back pain with radiation into the lower extremities with occasional insomnia. Physical examination revealed tenderness at the lower lumbar paravertebral musculature, 65 degree forward flexion of the lumbar spine, 10 degree lumbar extension, 30 degree lateral bending, normal motor strength in the lower extremities, negative straight leg raising, tenderness at the posterior cervical and bilateral trapezial musculature, limited cervical range of motion, and intact sensation in the upper extremities. Treatment recommendations at that time included authorization for chiropractic treatment and continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. Criteria for ordering imaging studies includes the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program, or for clarification of the anatomy prior to an invasive procedure. There is no documentation of the emergence of any red flags for serious spinal pathology. There was no objective evidence of tissue insult or neurologic dysfunction. It is also noted that the injured worker reported an improvement in symptoms with chiropractic treatment. The medical necessity for the requested imaging study has not been established. Therefore, the request is not medically appropriate at this time.

Lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: California MTUS/ACOEM Practice Guidelines state lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test. There was no documentation of any red flags for serious spinal pathology. There was no evidence of motor weakness or sensory deficit in the lower extremities. The medical necessity for the requested imaging study has not been established. Therefore, the request is not medically appropriate at this time.

Topical compound FC5 Flurbiprofen 10%, Capsaicin 0.05%, menthol 2.5%, and camphor 2.5%, 120gms with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Capsaicin is only recommended as an option in patients who have not responded or

are intolerant to other treatments. The only FDA approved topical NSAID is Diclofenac. Therefore, the current request cannot be determined as medically appropriate. There was also no frequency listed in the request. As such, the request is not medically necessary.