

<b>Case Number:</b>	CM14-0159590		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	07/09/2014
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Occupational 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:

The injured worker is a 34 year old male with a date of injury on 7/9/2014. Per initial records dated July 9, 2014 the injured worker was lifting a resident to change a diaper when he left lower back pain that radiates to the left thigh. On examination, range of motion was markedly decreased. Spasm and tenderness were positive. Straight leg raising test was positive on the left side. Tenderness was also noted over the left sciatic notch. Knee jerk was 1+ on the right. Initial therapy notes dated July 9, 2014, noted that the injured worker complained of low back pain with radiculopathy to the left buttocks area which caused decreased in all functional activity as well as lifting. Pain was noted to be constant and was rated at 8/10. Lumbar range of motion was limited in all planes. Tenderness was noted over the left sacroiliac joint and gluteal area. X-rays performed on July 10, 2014 revealed unremarkable results. Records dated August 20, 2014 documents that the injured worker complained of pain in the neck, back, and right lower extremity with numbness and tingling sensation. A cervical spine examination noted tenderness with spasm over the bilateral paraspinal muscles, occipital muscles, suboccipital muscles, and trapezius and levator scapulae muscles with decreased range of motion. A thoracic spine examination noted tenderness and spasm over the bilateral upper, mid, and lower thoracic region with decreased range of motion. Lumbar spine examination noted tenderness in the bilateral paraspinal muscles, sacroiliac joint, sciatic notch, posterior iliac crest, and gluteal muscles with spasms over the bilateral paraspinal muscles with decreased range of motion and positive straight leg raising test. Decreased deep tendon reflexes of the biceps, triceps, and brachioradialis at 1+/2+. Decreased motor strength was noted over the bilateral upper extremities. Sensation was also decreased over the bilateral upper extremities over the median nerve distribution. Right hip tenderness was noted anteriorly. Right knee tenderness was noted anteriorly/posteriorly. Right ankle tenderness was noted anteriorly. Right foot tenderness was

noted over the plantar aspect. Decreased deep tendon reflex was noted at the bilateral knees and ankles at 1+/2+. Decreased motor strength was noted at 4/5. Sensation was decreased over the right anterior knee/medial leg and foot. Another initial physical therapy notes dated September 3, 2014, the injured worker complained of cervical spine stiffness and pain rated at 8/10. He also complained of a 10/10 lumbar spine pain. He also reported slight numbness, tingling and weakness on the bilateral upper extremities. He also reported slight numbness, tingling, weakness, and stiffness over the bilateral lower extremities. Objectively, he was seen wearing a lumbar spine brace and reported functional limitations including walking, standing, bending, twisting, squatting, kneeling, sitting, lifting, reaching, pushing, pulling and overhead activities. Tenderness was noted over the paracervical muscles, suboccipital muscles, trapezius muscles, levator scapulae muscles. Cervical spine range of motion was limited. Lumbar spine examination noted tenderness over the bilateral paralumbar muscles, sacroiliac joints, sciatic notch, posterior iliac crest, and gluteal muscles. Lumbar spine range of motion was limited. He is diagnosed with (a) cervical musculoligamentous sprain and strain with radiculitis, (b) rule out cervical spine discogenic disease, (c) thoracic musculoligamentous sprain and strain, (d) lumbosacral musculoligamentous sprain and strain with radiculitis, and (e) rule out lumbosacral spine discogenic disease.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Functional capacity evaluation (FCE) - lumbar spine only: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Web Edition, Fitness for Duty Chapter, FCE Section

**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, Functional Capacity Evaluation (FCE)

**Decision rationale:** According to evidence-based guidelines, a functional capacity evaluation is only indicated if there the injured worker's clinical presentation meets the guidelines for performing a functional capacity evaluation (FCE). This includes the following: (a) Case management is hampered by complex issues such as: prior unsuccessful return to work (RTW) attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities; (b) timing is appropriate: close or at maximum medical improvement (MMI)/key medical records secured, additional/secondary conditions clarified. Guidelines also indicate that do not proceed with a functional capacity evaluation (FCE) if (a) sole purpose is to determine worker's effort or compliance and (b) the worker has returned to work and an ergonomic assessment has not been arranged. In this case, the records indicate that the injured worker has attempted to return to work, is not close or at maximum medical improvement (MMI), and it is apparent that the provider requested an functional capacity evaluation (FCE) in order to check the injured worker's effort or compliance. Based on these reasons, the medical necessity of the requested functional capacity evaluation (FCE) lumbar spine only is not established.

**Interferential (IF) unit for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Interferential Current Stimulation Section Page(s): 120.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Interferential Current Stimulation (ICS) Page(s): 118.

**Decision rationale:** Evidence-based guidelines indicate that randomized trials that evaluated the effectiveness of this treatment including studies for back pain, jaw pain, soft tissue, shoulder pain, cervical neck pain and post-operative knee pain. Guidelines further indicate that the findings from these trials were negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. Also, this treatment is not intended for use as an isolated intervention. If it is to be used any, the injured worker must meet the patient selection criteria and if the injured worker has met the said criteria a 30-day trial may be appropriate to evaluate the effects and benefits. In this case, although the injured worker has received initial conservative treatments and his condition has not responded to the said treatments, there is no indication that other conservative treatments have been exhausted. Furthermore, there is no indication that a 30-day trial with documented effects and benefits has been ensued which would warrant continued use of interferential unit. Based on these reasons, the medical necessity of the requested interferential unit for the lumbar spine is not established.

**Fluriflex 180 grams: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**Decision rationale:** According to the California Medical Treatment Utilization Schedule (MTUS) which indicates that, "any compounded product that contains at least one (or drug class) that is not recommended is not recommended." The same guidelines further indicate that baclofen and other muscle relaxants are recommended as a topical product. The muscle relaxant component of topical Fluriflex cream is not recommended therefore, this topical medication is not recommended.

**Hot and cold unit for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

**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, Cold/heat Packs

**Decision rationale:** According to evidence-based guidelines, cold and heat is recommended as an option for acute pain in the first few days of acute complaint. There is no indication that the injured worker cannot do manual application of cold/heat packs or manual application of cold/heat packs are inferior compared to the use of a motorized hot and cold unit. Therefore, the medical necessity of the requested hot and cold unit for the lumbar spine is not established.

**TGHot 180 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**Decision rationale:** According to the California Medical Treatment Utilization Schedule (MTUS) which indicates that, "any compounded product that contains at least one (or drug class that is not recommended is not recommended." The same guidelines further indicate that gabapentin is not recommended as there is no peer-reviewed literature to support its use in topical form. The requested TGHot 180 grams cream has gabapentin as one of its components and since gabapentin is not recommended therefore, therefore the requested TGHot 180 grams is not recommended.