

Case Number:	CM14-0174210		
Date Assigned:	10/28/2014	Date of Injury:	02/08/2013
Decision Date:	12/04/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/22/2014

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 Physical Medicine & Rehabilitation, 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:

Medical records reflect the claimant is a 28 year old male who sustained a work injury on 2-8-13. Office visit on 8-27-14 notes the claimant is being treating for mid/upper back and low back pain. The claimant reports pain increased from 5/10 to 6/10 in the mid/upper back and from 4/10 to 5/10 in the lower back since last visit. The claimant reports his treatment has been helpful and chiropractic therapy helped by 10-20% and improved ADL's by 10%. On exam, the claimant has tenderness over the thoracic paraspinal muscles, restricted range of motion, tenderness to palpation at the lumbar spine, restricted range of motion, positive SLR bilateral. The claimant is provided with a diagnosis of thoracic and lumbar musculoligamentous strain/sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)

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

Decision rationale: ACOEM notes that MRI is recommended as an option for the evaluation of select chronic LBP patients in order to rule out concurrent pathology unrelated to injury. This

option should not be considered before 3 months and only after other treatment modalities (including NSAIDs, aerobic exercise, other exercise, and considerations for manipulation and acupuncture) have failed. There is an absence in physical exam findings noting concern for nerve root impingement. He has a diagnosis of strain to the thoracic and lumbar spine. Therefore, the medical necessity for an MRI is not established.

(1) Prescription of Fluriflex 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Topical NSAIDs (non-steroidal antiinflammatory).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical compounds Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - topical compounds

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG reflect that these medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is an absence in documentation noting that this claimant cannot tolerate oral medications or that she has failed first line of treatment. Therefore the medical necessity of this request is not established.

TGHot 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical compounds Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - topical compounds

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG reflect that these medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is an absence in documentation noting that this claimant cannot tolerate oral medications or that she has failed first line of treatment. Therefore the medical necessity of this request is not established.