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| <b>Case Number:</b>   | CM14-0185858 |                              |            |
| <b>Date Assigned:</b> | 11/13/2014   | <b>Date of Injury:</b>       | 08/25/2012 |
| <b>Decision Date:</b> | 12/31/2014   | <b>UR Denial Date:</b>       | 10/28/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/07/2014 |

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of August 25, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 28, 2014, the claims administrator failed to approve a request for 10 sessions of acupuncture, topical compounded medications, and a lumbar MRI. The claims administrator based its denial on reportedly illegible supporting information. The applicant's attorney subsequently appealed. In an October 7, 2014 progress note, the applicant reported ongoing complaints of knee and low back pain, highly variable, 5 to 9/10. The applicant exhibited negative McMurray maneuver. The applicant was given diagnosis of left knee pain versus large ganglion cyst of the knee versus left leg pain possibly a function of underlying lumbar spine pathology. In an October 8, 2014 handwritten progress note, the applicant reported persistent complaints of knee and leg pain. Low back pain radiating to the left lower extremity is also appreciated. Large portions of progress note were, in fact, difficult to follow and not entirely legible. The applicant exhibited positive left-sided straight leg raising. Acupuncture, topical compounds, lumbar MRI imaging was endorsed while the applicant was kept off of work, on total temporary disability. The attending provider did not state how much prior acupuncture (if any) the applicant had had.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi , TX;www.odgtwc.com section : low back-lumbar & thoracic ( Acute & Chonic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, however, there was no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the lumbar spine on or around the date in question. The progress note on which the article in question was sought was difficult to follow, handwritten, not entirely legible, and neither explicitly stated (nor implicitly suggested). The applicant was, in fact, actively considering or contemplating surgical intervention involving the lumbar spine. Therefore, the request is not medically necessary.

**Acupuncture treatment left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.a acknowledge that acupuncture can be employed for a wide variety of purposes, including for muscle relaxant effect, anxiolytic effect, to promote relaxation for chronic pain purposes, etc., in this case, however, it was not clearly stated for what purpose acupuncture was being sought. It was not clearly stated whether the applicant had or had not had prior acupuncture. The attending provider's progress note, as noted previously, did not state in what context the acupuncture was being sought. The 10 sessions of acupuncture at issue, furthermore, in and of themselves represent treatment in excess of the "three to six treatments" deemed necessary to produce functional improvement in MTUS 9792.24.1.c.1. Therefore, the request is not medically necessary.

**Flurbiprofen 25%, Tramadol 15%:** Upheld

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

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

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are deemed "largely experimental." In this case, there was no mention of intolerance to and/or failure of first line oral pharmaceuticals so as to justify selection, introduction, and/or ongoing usage of the Flurbiprofen-tramadol compound at issue. Therefore, the request was not medically necessary.