

Case Number:	CM14-0027225		
Date Assigned:	06/13/2014	Date of Injury:	10/25/2013
Decision Date:	08/08/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/03/2014

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 and Rehabilitation, 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 underlying date of injury in this case is 10/25/2013. The patient's treating diagnoses include acute upon chronic cervical strain with possible disc herniation, left upper extremity radicular pain, resolving acute lumbar sprain, and a resolving bilateral knee contusion and strain. On 01/09/2014, the patient was seen for a primary treating physician's initial orthopedic evaluation. The patient complained of neck pain, right arm pain, right hand pain, back pain, and bilateral knee pain. These symptoms had begun with a slip and fall down stairs 10/25/2013. The patient was noted to have been treated with medications previously but not physical therapy. The treating physician expressed concern regarding red flag neurological findings as well as radicular pain in the left upper extremity; specifically, the patient had positive Spurling's test on the left with 4/5 strength in left C5, C6, and C7 distributions, and sensation was decreased in a left C6 and C7 distribution as well. The treating physician recommended an MRI (magnetic resonance imaging) of the cervical spine as well as capsaicin-based Biotherm cream which the treating physician noted was indicated if the patient would not responded to or was intolerant to other treatments. An initial physician review concluded that the patient had not clearly filled all available treatments and had not clearly had a prior trial of physical therapy and thus concluded that capsaicin-containing topical medication was not indicated. The initial physician reviewer also noted the examination did not identify specific nerve compromise, and thus an electromyography (EMG) was recommended as opposed to an MRI. The initial reviewer also recommended modifying a request for twelve (12) physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: The ACOEM Guidelines recommend MRI (magnetic resonance imaging) to validate a specific diagnosis of nerve root compromise. In this case, the medical records in this case discuss concern regarding possible neurological involvement in the cervical spine. However, the documented physical examination is general in terms of discussing motor and sensory deficits in specific dermatomes but not in terms of which muscles are affected. The medical records also are not clear regarding at what level an MRI has been requested. In this situation, the clinical presentation is essentially nonspecific neurologically. The guidelines would support electrodiagnostic imaging in this situation but not MRI imaging. As such, the request for MRI of the cervical spine is not medically necessary.

Physical therapy, twelve (12) sessions (two (2) times a week for six (6) weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The CA Chronic Pain Medical Treatment Guidelines, on Physical Medicine recommends 8-10 visits are neuritis or radiculitis. The current request for twelve (12) physical therapy sessions exceeds the MTUS treatment guidelines. In addition, the request does not include a rationale as to why an exception to the MTUS guidelines would be indicated. As such the request Physical therapy, twelve (12) sessions (two (2) times a week for six (6) weeks) is not medically necessary.

Bio-therm (methyl Salicylate 20%, Menthol 10%, Capsaicin 0.002%) 4oz: 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: The CA Chronic Pain Medical Treatment Guidelines, on Topical Analgesics states that any compounded product that contains at least one drug that is not recommended is not recommended. The MTUS guidelines also recommend capsaicin only an option in patients

who have not responded to or are intolerant to other treatment. In this case, the medical records are not clear in terms of a specific list of medications which this patient previously tried. Moreover, an initial physical therapy request has been made. It is not apparent that this patient has had a complete trial of conservative treatment given that physical therapy does not appear to have been attempted. The patient does not meet the MTUS guidelines for capsaicin as the patient has not clearly tried all reasonably available treatment options. As such the request Bio-therm (methyl Salicylate 20%, Menthol 10%, Capsaicin 0.002%) 4oz is not medically necessary.