

Case Number:	CM14-0027810		
Date Assigned:	06/20/2014	Date of Injury:	07/26/2004
Decision Date:	08/04/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	03/04/2014

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, has a subspecialty in Interventional Spine 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 patient is a 52-year-old female with a date of injury of 07/26/2004. The listed diagnoses per [REDACTED] are: 1. L3-L4 annular tear with disk bulge. 2. L4-L5 disk bulge. 3. Left L5 radicular pain and weakness. According to progress report on 09/30/2013 by [REDACTED], the patient presents with continued complaints of low back and left leg pain and weakness. She is currently taking ibuprofen 800 mg once daily as needed for pain. She is also currently using a TENS unit. Examination of the lumbar spine revealed decreased range of motion and tenderness on palpation of the left sciatic nerve and buttock. The treater is recommending menthol cream, eight (8) sessions of functionally-oriented physical therapy to improve her functional ability, and purchase of a TheraCane. Utilization review denied the request on 12/26/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthol cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals; Topical Analgesics Page(s): 105, 111-113.

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

Decision rationale: This patient presents with low back and left leg pain and weakness. The treater is requesting a menthol cream. The utilization review denied the request stating that this medication is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The Chronic Pain Guidelines regarding topical analgesics states that it is 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. The guidelines also indicate that there is little to no research to support the use of many of these agents. In this case, the guidelines states that topical analgesics are largely experimental and there is little to no support of many agents. The request is not medically necessary.

Purchase of a TheraCane: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Knee & Leg Chapter, Durable Medical Equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), massage, and on the Non-MTUS www.TheraCane.com, and on the Non-MTUS Self Management of Soft Tissue Syndromes, Advanced for Directors in Rehabilitation, Barbara Headley, MS, PT.

Decision rationale: This patient presents with low back and leg pain and weakness. The treater is requesting a purchase of a TheraCane. A search on the web (www.TheraCane.com) indicates that the TheraCane massager is a hand held deep pressure self-massager, described as easy to apply pain-relieving deep compression directly to hard, knotted trigger points anywhere they occur. The Official Disability Guidelines indicate that mechanical massage devices are not recommended. TheraCane is a hand held cane shaped massager with six (6) ball points and it is a non-mechanical massager that allows the patient to self massage/apply pressure. The MTUS Guidelines and the Official Disability Guidelines support massage therapy as well as exercises. The TheraCane may be a simple and cost effective tool for patients to self massage rather than relying on therapist. The request is medically necessary.

Eight (8) sessions of functionally oriented physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low Back Chapter, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: This patient presents with low back and leg pain and numbness. The treater is requesting eight (8) sessions of functionally-oriented physical therapy. The Chronic Pain Guidelines recommend nine to ten (9-10) sessions over eight (8) weeks of physical medicine for

myalgia and myositis type symptoms. The medical file provided for review does not include treatment history and does not provide any progress reports from prior physical therapy sessions. The utilization review indicates that the patient was authorized eight (8) physical therapy sessions on 03/23/2013. It appears to have been eight (8) months since prior therapy. However, the treater does not explain why therapy is needed, how the patient responded to prior therapy and what is to be accomplished with additional therapy. In this case, the requested additional eight (8) sessions of physical therapy (PT) exceeds what is recommended by the guidelines. The request is not medically necessary.