

Case Number:	CM14-0031817		
Date Assigned:	06/20/2014	Date of Injury:	11/16/2012
Decision Date:	07/24/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/13/2014

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 Orthopedic Surgery 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 46-year-old male who was reportedly injured on November 16, 2012. The mechanism of injury was having some wood fall on the face and head. The most recent progress note, dated January 8, 2014, indicated that there were ongoing complaints of left shoulder pain, neck pain and headaches. The physical examination demonstrated tenderness to the cervical spine and the left shoulder. A neurological examination noted decreased ability to heel-toe walk and decreased proprioception of the right first toe. There was decreased sensation over the entire right leg. Treatment plan consisted of prescriptions of Topamax and Lexapro. Previous treatment included 24 sessions of physical therapy. A request had been made for Keratek, a magnetic resonance image (MRI) of the lumbar spine, MRI of the left shoulder, MRI of the right knee, MRI of the ankle, and chiropractic treatment to the lumbar spine and was not certified in the pre-authorization process on March 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keratek Gel 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 : 8 C.C.R. 9792.20 -9792.26, (Effective July 18, 2009) Page(s): 111 OF 127.

Decision rationale: According to the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, only topical preparations, which include anti-inflammatories, lidocaine, and potentially capsaicin are recommended for treatment. Keratek is a compounded topical analgesic consisting of menthol and methyl salicylate. There is no peer-reviewed evidence-based medical literature to indicate that these ingredients have any efficacy. This request for Keratek is not medically necessary.

MRI of Lumbar: 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) 10th edition Web 2012 treatment section for the low back under the heading.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

Decision rationale: According to the attached medical record, the injured employee has had previous Magnetic resonance images (MRIs) performed on the lumbar spine, left shoulder, right knee and right ankle. These prior studies should be reviewed and considered prior to requesting additional MRIs. The request for an MRI of the lumbar spine, left shoulder, right knee and right ankle are not medically necessary.

MRI of Lef Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

Decision rationale: According to the attached medical record, the injured employee has had previous Magnetic resonancve images (MRIs) performed on the lumbar spine, left shoulder, right knee and right ankle. These prior studies should be reviewed and considered prior to requesting additional MRIs. The request for an MRI of the lumbar spine, left shoulder, right knee and right ankle are not medically necessary.

MRI of Right Knee and Right Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

Decision rationale: According to the attached medical record, the injured employee has had previous Magnetic resonance images (MRIs) performed on the lumbar spine, left shoulder, right knee and right ankle. These prior studies should be reviewed and considered prior to requesting additional MRIs. The request for an MRI of the lumbar spine, left shoulder, right knee and right ankle are not medically necessary.

Chiropractic Treatment 2x3 to the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

Decision rationale: According to the medical record, the injured employee has previously participated in 24 sessions of physical therapy; however, there was no documentation noting the efficacy and functional improvement of these prior treatments. This information should be objectified prior to requesting additional formal physical therapy. This request for physical therapy of the lumbar spine is not medically necessary.