MAXIMUS Federal Services

Case Number:	CM14-0035460		
Date Assigned:	07/23/2014	Date of Injury:	08/03/2011
Decision Date:	09/08/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/21/2014

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 worker is a 43 year old male who was injured on 8/3/11 after falling off some stairs. He was diagnosed with lumbar pain due to lumbar disc protrusion, lumbar spinal stenosis, lumbar neuroforaminal stenosis, thoracic sprain/strain, bilateral shoulder impingement syndrome and bilateral wrist pain. She had been treated with topical analgesics, physical therapy, oral analgesics, muscle relaxants, TENS unit, iontophoresis, myofacial release and massage therapy, infrared therapy, epidural steroid and block injections and eventually surgery (lumbar discectomy and fusion, 11/12/13). Following surgery and during physical therapy, the worker reported essentially no more pain (0/10 on pain scale) and was successfully doing home exercises. The request for referral to general orthopedic physician and pain specialist was made and continuation of his topical and oral medications was requested along with physical therapy and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Creams Unspecified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines indicate that topical analgesics are largely experimental, especially compounded or combined medications, and are not considered first line therapy. In the case of this worker, he had been using topical medications before and after his back surgery, but without any evidence of a report on functional or pain-relief benefits from these. Furthermore, no medication, dose and frequency were specified in the request. Therefore, the request for Topical Creams Unspecified is not medically necessary.

Medications unspecified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

Decision rationale: The MTUS Chronic Pain Guidelines indicate that medications are recommended for relief of pain, but require a documented review of pain and function with the medication. In the case of this worker, there is no specific name, dose, or frequency of the medications mentioned in the request for the reviewer to assess for medical necessity therefore the request is not medically necessary.

Pain Management Consult: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), pages 304-305.

Decision rationale: Specifically with those taking opioids, a pain specialist may be helpful and warranted in cases where subjective complaints do not correlate with imaging studies and/or physical findings and/or when psychosocial issue concerns exist, when dosing of opioids begins to approach the maximum recommended amounts, or when weaning off of opioids proves to be challenging. In the case of this worker, there was no documented evidence of a need for a pain specialist as the reports from the worker suggested that his pain was reduced significantly or completely absent. Therefore the request for a Pain Management Consult is not medically necessary.

Referral to general Orthopedic: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), page 304-305.

Decision rationale: The MTUS/ACOEM Guidelines indicate that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment or work capacity requires clarification. In the case of this worker, there was no evidence of any reason for a referral to an orthopedic physician. It appears that the worker was doing well following the surgery without special needs. Therefore the request for an Orthopedic Referral is not medically necessary.

Urine Toxicology: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76, 77.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, there was not sufficient evidence in the notes provided for review that the worker was using opioids or had any signs of abuse to warrant drug screening. Therefore, the urine toxicology testing is not medically necessary.

Acupuncture 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Medical Treatment Guidelines indicate that Acupuncture may be trialed after surgery, but only after an exhaustion of all other first-line

recommendations, including physical therapy and approved medical therapies. In the case of this worker, he had not completed his physical therapy, and was responding well to treatment. Therefore, the request for Acupuncture is not medically necessary.

Physical Therapy Lumbar spine unspecified number of sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The MTUS Post-Surgical Treatment Guidelines state that following a low back fusion surgery, an allowed 34 physical therapy visits over 16 weeks, with a postsurgical physical medicine treatment period of 6 months is recommended. In the case of this worker, it is unknown exactly how many physical therapy visits were completed prior to the request. Also, no specific number of visits were requested. Without a specific number of sessions in the request, the physical therapy is not medically necessary.