MAXIMUS Federal Services

Case Number:	CM14-0035622		
Date Assigned:	06/23/2014	Date of Injury:	04/25/2012
Decision Date:	07/25/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/24/2014

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 Mississippi. 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 50-year old male who was reportedly injured on April 25, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 17, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a well-developed, well-nourished individual appeared to be in severe pain. It was also reported that the injured worker was in no acute distress. A restricted lumbar spine range of motion was reported and there was tenderness to palpation. Diagnostic imaging studies were not presented for review. Previous treatment included injection therapy, the medications of Norco, Medrol, Gabapentin and Flexeril. A request had been made for Epidural Steroid Injection, imaging studies and medications and was not certified in the pre-authorization process on March 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar epidural steroid injection (ESI) right L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 46.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines, this type of procedure is indoors when there is an objective assessment noting a verifiable radiculopathy and There was no electrodiagnostic testing for review. Furthermore, the records reflect acute episodes of a myofascial exacerbation of symptomatology, and there was no particular neurological component. As such, there was no clinical evidence presented of a radiculopathy on physical examination. Therefore, Transforaminal Lumbar Epidural Steroid Injection (ESI) right L4-5 is not medically necessary.

CT of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: When noting the date of injury, the current complaints and findings on physical examination, there was no data presented to suggest the need of it having imaging study. Plain films were not presented for review, and there were no specific neurological findings to suggest a need for such an intervention. Therefore, CT of the Lumbar Spine is not medical necessary.

Terocin cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-113.

Decision rationale: Per MTUS guidelines and Offical Disability Guidelines, Topical preparations are "largely experimental" and any compound that contains at least one component and is not clinically indicated makes the entire preparation not indicated. This preparation includes Methyl Salicylate, Capsaicin, Menthol and Lidocaine. There was no objectification of a neuropathic lesion or discussion relative to the lack of efficacy of antiepileptic or other antidepressant vacations. Therefore, Terocin Cream is not medically necessary.

Medrox patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-113.

Decision rationale: Per MTUS and Non-MTUS guidelines, Topical preparations are "largely experimental" and any compound that contains at least one component and is not clinically

indicated makes the entire preparation not indicated. This topical cream is very similar to the topical patch also requested. When noting the response and acute flares of muscle spasm, it is clear that this has not demonstrated any efficacy or utility. Therefore, there is no medical necessity established for this topical preparation. So Medrox patches is not medically necessary.