

<b>Case Number:</b>	CM14-0037539		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	12/20/2011
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 Pain Medicine, and is licensed to practice in New York and Texas. 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 58-year-old female who sustained an injury to her low back on 12/20/11. The mechanism of injury was not documented. A progress report dated 12/23/13 reported that the injured worker continued to complain of low back pain that had increased from 4/10 on the visual analog scale (VAS) to 6/10 on the VAS. Physical examination revealed Grade 3 tenderness to palpation over the paraspinal muscles, which had remained the same since the previous visit, and 2 palpable spasms, which had remained the same since the last visit. Trigger points were also noted. Treatment to date has included management with medications, activity modifications, and work restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A referral for injection to the sacroiliac area:** 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 Official Disability Guidelines (ODG) Hip and pelvis chapter, Office visits.

**Decision rationale:** The request for a referral for injection to the sacroiliac area is not medically necessary. The Official Disability Guidelines state that the need for a clinical office visit with a health care provider should be individually determined, based upon review of the patient's concerns, signs, and symptoms, clinical stability, and reasonable physician judgment; however, in this case, physical examination documentation did not indicate the 3 required special testing procedures for identifying sacroiliac joint dysfunction. Given this, the request for referral for injection to the sacroiliac area is not indicated as medically necessary.

**Menthoderm cream x1:** 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 Topical analgesics Page(s): 111-113.

**Decision rationale:** The request for Menthoderm cream x1 is not medically necessary. Menthoderm cream contains Mentholatum as in topical products such as Icy Hot or Biofreeze gel. This medication can be bought over the counter and does not require a prescription from a medical doctor. There are several different variants of this topical analgesic that can be purchased at a variety of locations and can be self-administered for home use. Given this, the request for Menthoderm cream x 1 is not indicated as medically necessary.