MAXIMUS Federal Services

Case Number:	CM14-0038483		
Date Assigned:	07/23/2014	Date of Injury:	01/06/2014
Decision Date:	08/27/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/01/2014

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 Family Practice 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:

This 26 year old male claimant sustained a work injury on 1/6/14 involving the low back after lifting heavy buckets. He was diagnosed with lumbar strain with stretch injury. A progress note on 1/21/14 indicated he has 7/10 throbbing back pain worsened with standing, walking or any activity. Physical findings were notable point tenderness palpation paralumbar muscles, and for range of motion, and lumbar pain with squatting and rice testing. Neurologically he had decreased lower extremity strength but a normal sensory examination. Physician recommended 16 sessions of chiropractic therapy, MRI the lumbar spine, Menthoderm topical gel for pain relief and 16 sessions of physical therapy, trigger point massage and functional restoration.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, 303-304, 299-301. Decision based on Non-MTUS Citation ODG, Low back; Pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equine, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. Based on lack of clinical supporting indications, an MRI of the Lumbar Spine is not medically necessary.

Chiropractic therapy to lumbar spine 2x8 weeks QTY: 16: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Second Edition (web) 2014, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): pg 58.

Decision rationale: According to the MTUS guidelines, chiropractic therapy for low back is recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. In this case there is no evidence of functional improvement or initial trial of chiropractic therapy. The amount requested exceeds the trial amount suggested by the guidelines. Therefore the 16 sessions of Chiropractic Therapy are not medically necessary.

Physical Therapy with diathermy, EMS, massage, ultrasound modality to lumbar spine 2x8 QTY: 16: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 304, 309.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine and manual medicine Page(s): 58, 98.

Decision rationale: According to the MTUS guidelines, manipulation therapy for low back is recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. In this case there is no evidence of functional improvement or initial trial of manual therapy. The amount requested exceeds the trial amount suggested by the guidelines. Therefore the 16 sessions of Massage and Physical Therapy are not medically necessary.

Menthoderm gel 240gm: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: Menthoderm gel contains methyl salicylate , a topical NSAID. According to the MTUS guidelines, topical analgesics are 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. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Based on the above guideline recommendations, the request for Menthoderm Gel is not medically necessary.