

Case Number:	CM14-0039997		
Date Assigned:	08/06/2014	Date of Injury:	03/30/2012
Decision Date:	09/12/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/04/2014

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 and is licensed to practice in Nevada. 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 52-year-old female who was reportedly injured on March 30, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated March 13, 2014, indicated that there were ongoing complaints of low back and right lower extremity pain. The physical examination noted the injured employee to be in no acute distress. A normal gait pattern was reported. The range of motion of the lumbar spine was limited in all planes. There was tenderness to palpation and some muscle spasms were noted. Straight leg raise was positive bilaterally. Diagnostic imaging studies were not presented. Previous treatment included multiple pain management interventions. A request was made for external epidural steroid injection and was not certified in the pre-authorization process on March 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurology Consult: Overturned

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) Chapter 7-Independent Medical Examinations and Consultations, Page 127.

Decision rationale: When noting the date of injury, the findings on physical examination and the lack of a specific treatment plan, there is a clear clinical indication for neurology consult to establish the pathology and outline a treatment protocol. Therefore, this is medically necessary.

Terocin Pain Patch, #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112 of 127.

Decision rationale: As outlined in the California Medical Treatment Utilization Schedule, this medication is indicated for the treatment of neuropathic lesion. There is insufficient clinical evidence established that a neuropathic lesion exists. Furthermore, it also notes that these topical analgesics are "largely experimental," and there are limited clinical studies to support the efficacy. Given the ongoing complaints of pain and the relative lack of change in the physical examination, there is no established efficacy or utility. As such, this is not medically necessary.

LidoPro Topical Ointment 4oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112 of 127.

Decision rationale: As outlined in the California Medical Treatment Utilization Schedule, this medication is indicated for the treatment of neuropathic lesion. There is insufficient clinical evidence established that a neuropathic lesion exists. Furthermore, it also notes that these topical analgesics are "largely experimental," and there are limited clinical studies to support the efficacy. Given the ongoing complaints of pain and the relative lack of change in the physical examination, there is no established efficacy or utility. As such, this is not medically necessary.

Transforaminal ESI to the left L5 and left S1 as diagnostic and therapeutic: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

Decision rationale: As noted in the parameters outlined in the California Medical Treatment Utilization Schedule, an epidural steroid injection can be recommended if there are objective findings of a radiculopathy that are corroborated. The records do not establish verifiable radiculopathy. There were no diagnostic studies presented for review. Furthermore, when noting ongoing complaints of pain and that the exact diagnosis has not been established objectively, there is insufficient clinical data presented to support this request. This is not medically necessary.

General orthopedic follow-ups with preferred physician for the left knee and foot: 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): 78-127.

Decision rationale: When noting that the treatment plan outlined includes a neurology consultation, and that there are ongoing complaints of pain and no specific pathology, there is no clinical indication presented to continue with orthopedic evaluation. A single provider needs to establish the objectified diagnosis and a treatment plan that is consistent with the nationally published literature. Therefore, there is no good basis for a consultation at this time. This is not medically necessary.