MAXIMUS Federal Services

Case Number:	CM14-0067182		
Date Assigned:	07/11/2014	Date of Injury:	09/28/2012
Decision Date:	09/12/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/12/2014

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 Montana. 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 sustained crush injury to the left lower leg and foot with an associated closed fracture of the fibula on 9/28/12. The medical records indicate that he would develop a chronic pain condition with electrodiagnostic evidence of peripheral nerve injury to the left sural and superficial peroneal nerves. The medical records on 4/17/14 indicate that, very soon after the previous visit on 2/26/14, he had developed severe low back pain and left leg pain, felt to be radicular in nature and caused by gait disturbance related to his lower extremity injuries. His treatment since the initial injury he has consisted of medications and physical therapy. The records show that he was on diclofenac on 10/16/13 and that medication had been continued through the 4/17/14 treatment note. Older treatment records are not provided. As a result of this new onset of low back pain with radiation to the left lower extremity, the primary treating physician has requested lumbar MRI, physical therapy 6 visits for lumbar radiculopathy, and Voltaren (diclofenac) 75 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Diagnostic Guidelines; Low Back.

MAXIMUS 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),Low Back, MRI.

Decision rationale: The MTUS states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery and option. Indiscriminate imaging will result in falls false positive finding such as disc bulges that are not the source of painful symptoms and do not warrant surgery. Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion because of the overall false positive rate of 30%. The ODT guidelines document that MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Magnetic resonance imaging has also become the mainstay in the evaluation of myelopathy. In this case, while there is onset of low back pain and severe left leg pain, there is no documentation of at least one month conservative therapy prior to performing the lumbar MRI. The request for MRI of the lumbar spine is not medically necessary.

Physical Therapy for Lumbar Spine x 6 visits: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: The MTUS states that passive therapy can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapies based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instructions. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The use of active treatment modalities and status of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active greater than passive treatments incurred fewer treatment visits, Celeste, less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. The utilization review dated 5/7/14 did not certify the request for physical therapy for the lumbar spine 6 visits, since there is

not adequate documentation of previous conservative therapy and the number of previous physical therapy visits. It is apparent that previous physical therapy visits were targeting the lower extremity injuries to the left lower leg, ankle and foot. There is no evidence for previous therapy for the lumbar spine. Since the MTUS does note that physical medicine can provide short-term relief during the early phases of treatment, the prior UR decision is reversed and the request for physical therapy for the lumbar spine, 6 visits, are medically necessary.

Voltaren 75mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-71.

Decision rationale: Voltaren (diclofenac) is a nonsteroidal anti-inflammatory drug (NSAID). The MTUS states that nonsteroidal anti-inflammatory medications are recommended at the lowest dose for the shortest period possible in patients with moderate to severe pain. Although NSAIDs are effective they can cause gastrointestinal irritation or ulceration. Studies also show that NSAID use for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and may cause hypertension. Regarding neuropathic pain, the guidelines note inconsistent evidence for the use of these medications to treat long-term neuropathic pain but they may be useful to treat breakthrough pain. In this case the medical records document long-term use of diclofenac with the primary treating physician noting that there is minimal improvement with medications. Without documentation of functional improvement and considering the continuous use of this medication for at least months, the request for Voltaren 75mg #60, is not medically necessary.