

Case Number:	CM14-0081185		
Date Assigned:	08/13/2014	Date of Injury:	03/25/2014
Decision Date:	09/23/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/02/2014

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 Management 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 is a patient with a date of injury of 3/25/14. A utilization review determination dated 5/12/14 recommends non-certification of physical medicine, Medrol Dose Pak, Etodolac ER, lumbosacral/lumbar support, and Thermophore electric moist heat pad. Orphenadrine, acetaminophen, hot/cold therapy pack, and chiropractic 3 x 2 were certified. A 4/14/14 medical report identifies low back and right leg pain to the foot. There is no numbness or tingling in the lower extremities. Straight leg raise (SLR) is positive at 60 degrees on the left. Treatment plan includes orphenadrine, etodolac, acetaminophen, hot/cold therapy pack, lumbar support, Thermophore, and chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

PM&R: 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 ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

Decision rationale: ACOEM Guidelines supports consultations if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient had a recent injury at the time of the request and there is no clear rationale provided identifying the medical necessity of consultation with PM&R. The provider prescribed multiple forms of treatment including medications, physical modalities, bracing, and chiropractic care. There was no clear indication for a specialty consultation at that point. In light of the above issues, the request is not medically necessary.

Retrospective request for Medrol dose pak x1 (unknown date): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Corticosteroids.

Decision rationale: MTUS Guidelines note that oral corticosteroids are not recommended. ODG cites specific criteria for the use of corticosteroids: Patients should have clear-cut signs and symptoms of radiculopathy; Risks of steroids should be discussed with the patient and documented in the record; The patient should be aware of the evidence that research provides limited evidence of effect with this medication and this should be documented in the record. Within the documentation available for review, there is no indication that the criteria cited above have been met and no other clear rationale for the use of this medication has been provided. In the absence of such documentation, the request is not medically necessary.

Retrospective request for Etodolac ER 600mg #15 (unknown date): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: MTUS Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, the patient is noted to have an acute injury at the time of the request and was not utilizing NSAIDs previously. A short course of this medication is appropriate for pain control and to decrease inflammation. In light of the above, the request is medically necessary.

Retrospective request for Lumbar-Sacro/Lumbar support 13" med x1 (unknown date): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 298 & 301. Decision based on Non-MTUS Citation Official Disability Guidelines, treatment protocols.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: ACOEM Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Within the documentation available for review, the support was requested/provided during the acute stage of injury. The short-term use of a basic lumbar support is reasonable to provide pain control and support during the early stages of treatment for low back pain. In light of the above, the request is medically necessary.

Retrospective request for Thermophore electric moist heat pad 14" x14 (unknown date):
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Cold/Heat Packs.

Decision rationale: MTUS and ACOEM state that various modalities such as heating have insufficient testing to determine their effectiveness, but they may have some value in the short term if used in conjunction with the program of functional restoration. ODG Guidelines state that heat/cold packs are recommended as an option for acute pain. Within the documentation available for review, it is noted that a concurrent request for a hot/cold pack was certified. While there is some support for the use of heat, there is no rationale provided identifying the medical necessity of a more high-tech device in addition to the simple heat pack already authorized. In the absence of such documentation, the request is not medically necessary.