

<b>Case Number:</b>	CM14-0099954		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/09/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 47 year-old male who was reportedly injured on November 9, 2013. The mechanism of injury is not listed in these records reviewed). The most recent progress note dated January 24, 2014 indicates that there are ongoing complaints of low back pain. The physical examination demonstrated a decrease in lumbar spine range of motion, an element of hypertension (147/89) spasms to palpation and no other findings are reported. Diagnostic imaging studies objectified "remarkable" the study, previous treatment includes a functional capacity evaluation, multiple medications. A request was made for topical preparations, shockwave therapy and was not certified in the pre-authorization process on June 18, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin patch:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112, 113.

**Decision rationale:** When noting the date of injury, the injury sustained, the finding a physical examination, there is no clear clinical indication that topical analgesic has demonstrated any

efficacy or utility. As outlined in the California Medical Treatment Utilization Schedule, this is for patients with not responded or are intolerant of other treatments. No such data is objectified in the progress of presented for review. As such, there is no medical necessity established for this medication.

**Acupuncture three (3) times four (4): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

**Decision rationale:** As noted in the California Medical Treatment Utilization Schedule, there is an endorsement for acupuncture in certain clinical situations. However, when noting the date of injury, the findings on physical examination and the response to previous modalities, there is no clear clinical indication of the efficacy of this preparation. Therefore, this is not medically necessary.

**Shock Wave therapy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines ODG-TWC Low Back Procedure Summary last updated 05/12/2014.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter updated July, 2014.

**Decision rationale:** The parameters noted in the Official Disability Guidelines are utilized. The only clinical indication for this intervention is a calcifying tendinitis. Based on the records presented for review this diagnosis has not been objectified. As such, there is insufficient clinical information presented to support this request. There is no noted medical necessity.

**Hip/Pelvis Magnetic Resonance Imaging (MRI): 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-TWC Hip & Pelvis Procedure Summary last updated 03/25/2014.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hip chapter updated March, 2014.

**Decision rationale:** The limitations for use as noted in the Official Disability Guidelines require abnormalities identified on plain films, osteoporosis, fracture, or tumors. When noting the date

of injury, the physical examination findings and the parameters noted, there is no clear clinical indication presented to support this request. This is not medically necessary.

**Hot Pack purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines ODG-TWC Low Back Procedure Summary last updated 05/12/2014.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 162 & 300.

**Decision rationale:** When noting the date of injury, the injury sustained, and the lack of any specific findings noted on physical examination, there is no clear clinical indication presented for this device. As such, this is not medically necessary.

**Orthopedic consultation:** 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-TWC Pain Procedure Summary last updated 05/15/2014.

**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), Independent medical examinations, page 127.

**Decision rationale:** As outlined in the California Medical Treatment Utilization Schedule, a referral to a specialist is indicated when there is an emergent or extremely complex diagnosis. As the evaluation is continuing, the standards are not met. The diagnosis may be very apparent after completing the evaluation. As such, this evaluation is not clinically indicated.

**Chromatography:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines ODG-TWC Pain Procedure Summary last updated 05/15/2014.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: There are no medical citations for this request. Therefore standards of care and clinical experience were referenced.

**Decision rationale:** The medical records presented for review do not outline the clinical indication for this. Furthermore, there are no clear medical indications for this procedure.