MAXIMUS Federal Services

Case Number:	CM14-0192654		
Date Assigned:	11/26/2014	Date of Injury:	08/25/2014
Decision Date:	03/30/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35-year-old male who reported an injury on 08/25/2014. The mechanism of injury involved heavy lifting. The current diagnoses include thoracic musculoligamentous strain, lumbosacral musculoligamentous strain with radiculitis, lumbosacral spine disc protrusion, and bilateral hip sprain/strain versus lumbar radiculitis. The injured worker presented on 10/30/2014 with complaints of mid/upper back and bilateral hip pain. The injured worker also reported low back pain with radiation into the left lower extremity. Upon examination, there was grade 3 tenderness to palpation over the thoracic and lumbar spine, restricted range of motion, palpable spasm and trigger points, and positive straight leg raising bilaterally. Examination of the bilateral hips also revealed 2 to 3+ tenderness to palpation. The injured worker reported an improvement in symptoms with physical therapy. Recommendations included continuation of physical therapy twice per week for 6 weeks and a urine toxicology report. Topical medications were prescribed at that time. A Request for Authorization form was submitted on 10/30/2014 for continuation of physical therapy and a urine toxicology report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (PT) 2 times per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter and ODG: http://www.odg-twc.com/preface.htm#PhysicalTherapyGuidelines

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

Decision rationale: The California MTUS Guidelines state active therapy is 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. There is no specific body part listed in the current request. Additionally, there was no documentation of the previous course of treatment with evidence of objective functional improvement. Given the above, the request is not medically appropriate.

TGHOT 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least 1 drug that is recommended, is not recommended as a whole. Gabapentin is not recommended for topical use. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

Fluriflex 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. Muscle relaxants are not recommended for topical use. There is also no frequency listed in the request. Given the above, the request is not medically appropriate at this time.

EMG/NCV of lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS /ACOEM Practice Guidelines state electromyography, including H-reflex test, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. In this case, there was no documentation of a significant musculoskeletal or neurological deficit. There was no evidence of a motor or sensory deficit with regard to the bilateral lower extremities. Given the above, the medical necessity has not been established in this case. As such, the request is not medically appropriate.

Extracorporeal Shock Wave Therapy (ESWT) 1x6 weeks: 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): 298-300.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, TENS therapy, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient evidence exists to determine the effectiveness of sympathetic therapy. There is no specific body part listed in the current request. Given the above, and the California MTUS/ACOEM Practice Guidelines, the request is not medically appropriate.