MAXIMUS Federal Services

Case Number:	CM14-0197885		
Date Assigned:	12/08/2014	Date of Injury:	07/25/2012
Decision Date:	01/20/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/25/2014

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 Internal Medicine 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:

The injured worker is a 49-year-old man with a date of injury of July 25, 2012. The mechanism of injury occurred as a result of lifting very heavy boxes of wood. The current working diagnoses are lumbar disc herniation; right knee contusion; history of hematuria, resolved; and left lower extremity radicular pain. Documentation indicated that the injured worker underwent chiropractic therapy and physical therapy in 2013 with unknown results. Pursuant to the Primary Treating Physician's Progress Report (PR-2) dated August 21, 2014, the injured worker complains of lumbar spine pain and right knee pain. Pain to the lumbar spine is rated 7/10. He states that it is constant in nature. In regards to the right knee, the pain is frequent in nature and is rated 5/10. Pain is unchanged since last visit. The pain is improved with rest and medications. The pain is made worse with activities. The injured worker is currently taking Naproxen. The injured worker is not working at this time. Examination of the lumbar spine reveals decreased range of motion (ROM). There was tenderness to palpation over paraspinals, left greater than right. Neurovascular status was intact distally. There is 5/5 strength bilaterally at L4, L5 and S1. Deep tendon reflexes are 2+bilaterally at the patellar and Achilles tendon. Examination of the right knee revealed slight decreased ROM with crepitus. Strength was 5/5. Neurovascular status was intact distally. The treating physician is requesting authorization for a second opinion consultation with a spine surgeon, as it relates to the lumbar spine. Lumbar spine brace, TENS unit 30-day trial, and Kera-Tek Analgesic gel is also being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek Analgesics gel 4oz.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG), Keratek Gel 4oz is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain is trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Menthol is not recommended. Topical salicylate is significantly better than placebo in acute and chronic pain, but especially acute pain. Menthol is not recommended. In this case, the injured worker's working diagnoses are lumbar disc herniation, right knee contusion and a history of hematuria, resolved, and left lower extremity radicular pain. There is no acute pain. Any compounded product that contains at least one drug (menthol) that is not recommended is not recommended. Based on the clinical information in the medical record and the peer reviewed guidelines, Keratek gel 4oz is not medically necessary.

Purchase of Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

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, Back Brace

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines (ODG), purchase of a back brace is not medically necessary. The ACOEM states lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The ODG indicates lumbar supports are recommended as an option for compression fractures and treatment of spondylolisthesis, documented instability, or postoperative treatment, and for treatment of nonspecific low back pain. In this case, the injured worker's working diagnoses are lumbar disc herniation, right knee contusion and history of hematuria, resolved; and left lower extremity radicular pain. The injured worker's back pain is chronic and there is no evidence of documented instability or presence of compression fractures. There was no acute flare with an acute exacerbation of the chronic low back pain. Therefore, this request is not medically necessary.

TENS (transcutaneous electrical nerve stimulation) unit 30 day trial: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, TENS Unit

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS (transcutaneous electrical nerve stimulation) unit, 30 day trial is medically necessary. A TENS unit is not recommended as a primary treatment modality, the one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. Functional-based restorations include functional improvement measures and are recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function or maintenance of function that would otherwise deteriorate. They include work functions and/or activities of daily living, self-reported disability, physical impairments, approach to self-care and education. TENS criteria are enumerated in the Official Disability Guidelines. They include, but are not limited to, a one-month trial should be documented as an adjunct to ongoing treatment within a functional restoration approach with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; treatment plan including specific short and long-term goals should be submitted; evidence that other pain modalities have been tried and failed; etc. In this case, the injured worker's working diagnoses are lumbar disc herniation, right knee contusion and history of hematuria, resolved; and left lower extremity radicular pain. In 2012, the injured worker underwent physical therapy and chiropractic therapy. In March 2013 the injured worker completed acupuncture. The injured worker remains with chronic neuropathic pain. The treating physician has documented the TENS indications and met the appropriate criteria for a TENS unit for the 30 day trial. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, the 30 day trial TENS (transcutaneous electrical nerve stimulation) unit is medically necessary.

2nd opinion consultation with spine surgeon: 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), Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Office Visits

Decision rationale: Pursuant to the Official Disability Guidelines (ODG), second opinion consultation with spine surgeon, is not medically necessary. The guidelines state office visits are recommended as determined to be medically necessary. Evaluation and management outpatient visits play a critical role in proper diagnosis and return to work and should be encouraged. The need for an office visit with a healthcare provider is individualized based on a review of the

patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. In this case, the injured worker's working diagnoses are lumbar disc herniation, right knee contusion and history of hematuria, resolved; and left lower extremity radicular pain. In 2012, the injured worker underwent physical therapy and chiropractic therapy. In March 2013, the injured worker completed acupuncture. Injured worker remains with chronic pain. Documentation reflects ongoing chronic low back pain. There are no new neurologic deficits or a change neurologically on physical examination. There is no discussion of any recent exacerbation or worsening of symptoms and the injured worker is clinically stable. As such, second opinion consultation with spine surgeon is not medically necessary.