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| Case Number: | CM14-0198445 | | |
| Date Assigned: | 12/08/2014 | Date of Injury: | 01/16/2007 |
| Decision Date: | 02/11/2015 | UR Denial Date: | 11/19/2014 |
| 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, ankle, and heel pain reportedly associated with an industrial injury of January 16, 2007. In a Utilization Review Report dated November 19, 2014, the claims administrator denied a request for extracorporeal shockwave therapy for heels, invoking non-MTUS ODG Guidelines, despite the fact that the MTUS did address the topic. A topical- compounded Fluriflex agent was also denied. The claims administrator referenced an October 16, 2014 progress note and an RFA form received on November 12, 2014 in its determination. In said October 16, 2014 progress note, the applicant reported ongoing complaints of low back pain, bilateral ankle pain, and bilateral heel pain. Tenderness was noted about the ankles and feet. The applicant exhibited a primary diagnosis of chronic low back pain status post lumbar spine surgery and a secondary diagnosis of bilateral plantar fasciitis. Acupuncture, Fluriflex, and extracorporeal shockwave therapy were endorsed, along with permanent work restrictions. On July 31, 2014, the applicant again reported highly variable 3-9/10 low back and bilateral heel pain. The applicant was given diagnosis of chronic low back pain status post lumbar spine surgery and bilateral plantar fasciitis. The attending provider suggested that the applicant was working with a rather permissive 40-pound lifting limitation in place. Home exercising and extracorporeal shockwave therapy were endorsed. In an earlier note dated May 22, 2014, the same 40-pound lifting limitation was endorsed. It was explicitly stated that the applicant was not working on this occasion. Topical compounds were again endorsed. The remainder of the file was surveyed. There was no concrete evidence of the applicant's having received earlier extracorporeal shockwave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shockwave Therapy, once a week for four weeks for the bilateral heels:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ESWT

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Table 14-6, page 376.

Decision rationale: The stated diagnosed here is plantar fasciitis of the bilateral heels. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 376, extracorporeal shockwave therapy for plantar fasciitis is deemed "optional." Here, the applicant, per the attending provider and claims administrator, has apparently tried, failed, and exhausted other treatments over the course of the claim, including corticosteroid injection therapy, topical compounds, acupuncture, orthotics, etc. A trial of extracorporeal shockwave therapy is, thus, indicated here. Therefore, the request is medically necessary.

Fluriflex 180 gm: 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 rationale: One of the ingredients in the compound is Flexeril, a muscle relaxant. However, page 113 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that muscle relaxants such as Flexeril are not recommended for topical compound formulation purposes. If one or more ingredient in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.