

Case Number:	CM14-0199294		
Date Assigned:	12/09/2014	Date of Injury:	08/31/2012
Decision Date:	01/31/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/29/2014

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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 55 year old male with an injury date on 08/31/2012. Based on the 10/28/2014 progress report provided by the treating physician, the diagnoses are: 1. Low Back Pain 2. Lumb/lumbosac disc degen 3. Lumbar disc herniation 4. Lumbar radiculopathy, right S 1 (Right) According to this report, the patient complains of "right foot/ankle pain that comes and goes and has a feeling of burning and pins and needle" and aching right SI joint, aching stabbing right hip, and aching stabbing right knee pain. Pain is rated at a 3/10 today and a 4/10 at its worst. Physical exam reveals "tender over the right lumbar paraspinal region with taut palpable muscle bands and guarding and with a trigger point that caused pain to radiate down to the right foot." Decreased sensation is noted at the right S1 dermatomal distribution to pin-prick. The patient has been treated with Kinesio tape to the lumbar spine, Chiropractics, Physical therapy, Pilates, Yoga, Lumbar epidural injections, and right knee surgery. The treatment recommendation is to start work hardening program "to improve pain and function and reduce recurrence," medication, DME-TENS unit, pain management counseling, trial of acupuncture and/or local trigger point injections. The patient's current work status is "modified duty working Monday through Friday, 8 hours per day performing safety inspections of commercial and apartment buildings and also performing safety prevention functions." There were no other significant findings noted on this report. The utilization review denied the request for (1)Thermacare and or electric massager, (2)18-24 visits of work hardening program 18-24 visits, and (3) Lumbar trigger point injection on 11/07/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 07/07/2014 to 12/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacare and or electric massager: 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 Official Disability Guidelines (ODG), ODG-TWC Guidelines, Low back chapter, Heat therapy, Massage

Decision rationale: According to the 10/28/2014 report, this patient presents with right foot/ankle pain, aching right SI joint, aching stabbing right hip, and aching stabbing right knee pain. The current request is for Thermacare and or electric massager. Regarding Thermacare, Official Disability Guidelines state "Recommended... Combining continuous low-level heat wrap therapy with exercise during the treatment of acute low back pain significantly improves functional outcomes compared with either intervention alone or control." Heat therapy has been found to be helpful for pain reduction and return to normal function." In this case, the treating physician has requested Thermacare but does not mention that the patient has "acute low back pain." Official Disability Guidelines support the use of Thermacare for "treatment of acute low back pain" which this patient does not have at this time. The current request for Thermacare is not medically necessary. Regarding Mechanical massage, Official Disability Guidelines low back chapter states "Mechanical massage devices are not recommended." Therefore, the current request for an electric massager is not medically necessary.

Track 1 program (intensive work hardening program) times 18-24 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work hardening program Page(s): 125.

Decision rationale: According to the 10/28/2014 report, this patient presents with "right foot/ankle pain, aching right SI joint, aching stabbing right hip, and aching stabbing right knee pain. The current request is for Track 1 program (intensive work hardening program) time's 18-24 visits. Regarding work hardening, MTUS guidelines page 125 recommend it as an option, depending on the availability of quality programs. One of the criteria for admission to work hardening is that "An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA)." Review of the reports show no functional capacity evaluation has been reported that would be used to set and monitor the goals of this program. The current request is not medically necessary.

Lumbar trigger point injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: According to the 10/28/2014 report, this patient presents with "right foot/ankle pain, aching right SI joint, aching stabbing right hip, and aching stabbing right knee pain. The current request is for Lumbar trigger point injection. Regarding trigger points, MTUS recommends injections if examination findings show tenderness with taut band and referred pain. In this case, the patient presents with tenderness with taut palpable muscle band but noted to have radiculopathy to the right foot. Trigger points injections would not be indicated in this situation as the patient presents with radiculopathy. The current request is not medically necessary.