

Case Number:	CM14-0211358		
Date Assigned:	12/24/2014	Date of Injury:	06/04/2002
Decision Date:	02/13/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/17/2014

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 Emergency 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:

Patient with reported date of injury on 6/4/2002. Mechanism of injury was not documented. Patient has a diagnosis of degeneration of lumbar intervertebral disc, chronic pain syndrome, thoracic radiculitis, shoulder pain, brachial neuritis, muscle spasms, thoracic spine pain and shoulder pain. Medical reports reviewed. Last report available until 12/12/14. Patient complains of thoracic and low back pain which is chronic. Low back pain is 5/10 with medications. Objective exam reveals R shoulder pain. Diffuse thoracic and lumbar spine pain. Muscle spasms with pain over interscapular region, mid back and down both legs. Positive bilateral straight leg raise. Range of motion is limited. No dysaesthesia or hypoaesthesia was noted. Prior Lumbar epidural injection was done on 1/21/14 which reportedly provided 70% improvement in pain for 2-3 months. No rationale for request was documented. MRI of thoracic spine (11/16/10) revealed small T6-7 and T7-8 disc protrusion with mild central canal stenosis. Current medications include oxycodone, neurontin, klonopin, albuterol, ibuprofen, Dulera and Prozac. Patient had prior Thoracic epidural steroid injection on 7/29/14 and LESI on 1/21/14. Independent Medical Review is for Voltaren gel 1% #2g 3 tubes, Epidural injection L5-S1 and "Aqua therapy at the [REDACTED] #6. Prior Utilization Review on 12/10/14 recommended non-certification. It approved prescription for percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% 2gm Qty: 3.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

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

Decision rationale: As per MTUS Chronic Pain Guidelines, topical analgesics such as Diclofenac topical have poor evidence to support its use but may have some benefit in musculoskeletal pain. Diclofenac has evidence for its use in in joints that lend itself for treatment such as hands, wrists knees, elbows, ankles etc. but has no evidence to support its use for the shoulder, spine or hip. Patient's pain is mostly shoulder and spine therefore the request is not medically necessary.

Epidural injection, L5-S1 lumbar Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 46.

Decision rationale: As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may recommend if it meets criteria. 1) Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for LESI. There is no long term plan. Fails criteria.2) Unresponsive to conservative treatment. There is no appropriate documentation of prior conservative therapy attempts. Patient has been stable on medications and the conservative treatment appears to be helpful. Fails criteria.3) Patient had a reported LESI in the past. MTUS guidelines recommend during therapeutic phase that after 1st injection, pain relief of over 50% should last for up to 6-8weeks. There is documentation of appropriate improvement with prior reported LESI. Meets criteria.4) Radiculopathy as defined by MTUS guidelines. Documentation fails to document appropriate neurological findings supported by imaging and electrodiagnostic criteria for radiculopathy. Fails criteria.The patient fails multiple criteria for lumbar epidural steroid injection. The request for lumbar epidural steroid injection is not medically necessary.

Aqua therapy at [REDACTED] ((in months) Qty: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar and Thoracic, Gym memberships

Decision rationale: The MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. This request is not for supervised physical therapy or aqua therapy, but basically for gym membership for pool exercise. As per the Official Disability Guidelines, Gym memberships are not recommended. They are not supervised and are not being assessed by medical professionals and therefore are not considered medical treatment. While continued pool exercise is recommended, Pool and Gym membership is not medically necessary.