

Case Number:	CM15-0006595		
Date Assigned:	01/26/2015	Date of Injury:	06/12/1996
Decision Date:	03/13/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/12/2015

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

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 68 year old female, who sustained an industrial injury on 6/12/96. She has reported low back, neck and right knee injury. The diagnoses have included sciatica, lumbar facet arthropathy, lumbar radiculopathy, bilateral knee pain, anxiety, depression, chronic pain and status post left knee surgery. Treatment to date has included epidural injections to mid and lower back, physical therapy, medications, left total knee replacement and TENS unit. (MRI) magnetic resonance imaging of the lumbar spine and cervical spine were performed in 2010. Currently, the Injured Worker complains of intermittent pain in low back and bilateral legs. Physical exam noted spasm of paraspinal musculature, tenderness upon palpation in the right paravertebral area of L3-5 levels and range of motion of the lumbar spine was moderately to severely limited. On 1/12/15 Utilization Review submitted a modified certification for physical therapy to low back from 8 sessions to 2 sessions, noting for training and supervision of transition to home program; functional capacity evaluation was non-certified as there is no indication she is at MMI; Flexeril 10 mg # 30 non-certified due to insufficient documentation of functional improvement for previous use, Thermacare Heat Wrap is non-certified noting, medical necessity could not be established based on the available information and Salonpas Patch # 60 was non-certified due to little or no research to support any of the ingredients in the compound. The MTUS, ACOEM Guidelines and ODG were cited. On 1/12/15, the injured worker submitted an application for IMR for review of physical therapy of lumbar spine; functional capacity evaluation; Flexeril 10 mg and Thermacare Heat wrap.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 8 to the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy x 8 to the lumbar spine is not medically necessary and appropriate.

Functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Independent Medical Examinations and Consultations, page(s) 137-138.

Decision rationale: It appears the patient has not reached maximal medical improvement and continues to exhibit chronic pain symptoms s/p extensive conservative care of therapy, medications, and modified activities/rest. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat and is disabled. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's

capability or restrictions. The Functional capacity evaluation is not medically necessary and appropriate.

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Flexeril 10mg #30 is not medically necessary and appropriate.

Thermacare heat wrap #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Heat Therapy, page 343

Decision rationale: Regarding Hot/Cold therapy, guidelines state it is recommended as an option after surgery, but not for nonsurgical treatment. The request for authorization does not provide supporting documentation for treatment beyond the guidelines criteria. Although heat wraps may be indicated during the acute phase of injury post exercise with local application to decrease pain, there is no documentation for home exercise program that establishes medical necessity or that the multiple refills requested are medically reasonable without demonstrated specific functional benefit in terms of decreased medication profile and treatment utilization for this chronic injury. The Thermacare heat wrap #60 is not medically necessary and appropriate.

Salonpas patch #60: 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 Topical Analgesics, page(s) 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These topical cream containing active ingredients of Menthol, Methyl Salicylate and Camphor may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of without documented functional improvement from treatment already rendered. The Salonpas patch #60 is not medically necessary and appropriate.