MAXIMUS Federal Services

Case Number:	CM15-0009040		
Date Assigned:	02/23/2015	Date of Injury:	11/03/2014
Decision Date:	04/13/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/15/2015

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: Arizona, Michigan
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 35 year old male, who sustained an industrial injury on 11/3/2014. He has reported right leg and back pain after falling down stairs. The diagnoses have included cervical disc herniation, thoracic disc displacement, lumbar disc displacement, sciatica, and right ankle strain/sprain. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), physical therapy, and activity modification. Currently, the IW complains of severe sharp pinching cervical pain, moderate thoracic pain, and lumbar spine pain noted to radiate down right leg associated with numbness, and right ankle/foot pain that increased with walking. Physical examination from 1/5/15 documented spasms and tenderness down cervical, upper shoulder, thoracic and lumbar muscles. There was spasms and tenderness to right lateral malleolus and plantar fascia. The plan of care included obtaining Magnetic Resonance Imaging (MRI) of spine, a functional capacity evaluation, a work hardening program, and to obtain a psychosocial screen. On 1/6/2015 Utilization Review non-certified physical medicine three times a week for two weeks to include electrical stimulation, a follow up of Range of Motion (ROM) measurement, a lumbar support, Orthosis, Appollo LSO or equivalent, a multi IF unit, one month trial, FCE therapy, Lidocaine 6%/Gabapentin 10%/Ketoprofen 10% Cream 180 Grams with two refills, and Flurbiprofen 15%/Cyclobenzaprine 2%/Baclofen 2%/Lidocaine 5% Cream 190 Grams with two refills. The Utilization Review 1/6/15 also modified certification for massage, chiropractic manipulative therapy and therapeutic activities x 4 visits. The MTUS and ODG Guidelines were cited. On 1/15/215, the injured worker submitted an application for IMR for review of physical medicine three times a week for two weeks to include electrical

stimulation, massage, chiropractic manipulative therapy and therapeutic activities, a follow up of Range of Motion (ROM) measurement, a lumbar support, Orthosis, Appollo LSO or equivalent, a multi IF unit, one month trial, FCE therapy, Lidocaine 6%/Gabapentin 10%/Ketoprofen 10% Cream 180 Grams with two refills, and Flurbiprofen 15%/Cyclobenzaprine 2%/Baclofen 2%/Lidocaine 5% Cream 190 Grams with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical medicine three times two to include electrical muscle stim, infrared,massage, chiro manipulative therapy and therapeutic services: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Per the MTUS, physical therapy is recommended following specific guidelines, allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. For myalgia and myositis unspecified the guidelines recommend 9-10 visits over 8 weeks. Neuralgia, neuritis and radiculitis unspecified 8-10 visits over 4 weeks. A review of the injured workers medical records show that he has had 2 sessions of physical therapy. It would appear that the request for Physical medicine three times two to include electrical muscle stimulation, infrared, massage, chiropractic manipulative therapy and therapeutic services is within the guideline recommendations and is medically necessary and appropriate.

Follow up with range of motion measurement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back (Acute and Chronic)/ Low-back Lumbar and Thoracic (Acute and Chronic).Range of motion/Flexibility.

Decision rationale: The MTUS/ACOEM did not specifically address the use of special range of motion measurements and therefore other guidelines were consulted. Per the ODG an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way. They do not recommend computerized measures of range of motion, which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. A review of the injured workers medical records do not reveal any specific reasoning that would necessitate an office visit for range of motion measurement and there is no discussion as to how these measurements would aid in further management of the

injured worker. Therefore the request for follow up with range of motion measurement is not medically necessary.

Lumbar support, orthosis, Appollo LSO or equivalent brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: Per ACOEM in the MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief, A review of the injured workers medical records show that he has had symptoms since 11/3/2014 and he is no longer in the acute phase, therefore based on the injured workers current clinical presentation and the guidelines the request for lumbar support, orthosis, Appollo LSO or equivalent brace is not medically necessary.

Multi IF unit-one month trial: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation. (ICS) Page(s): 118-119.

Decision rationale: Per the MTUS, Interferential Current Stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments. If interferential treatment is to be used, it should follow very specific guidelines as described in the MTUS in cases where pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, history of substance abuse, significant pain for post operative conditions limiting the ability to perform exercise programs/physical therapy treatments or unresponsive to conservative methods. If the criteria are met then a one month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. A review of the injured workers medical records that are available to me do not show that he meets the above referenced criteria and therefore the request for Multi IF unit-one month trial is not medically necessary.

Functional Capacity Evaluation: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 4-5,Chronic Pain Treatment Guidelines Functional Improvement Measures Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for duty.Functional capacity evaluation (FCE).

Decision rationale: Per the MTUS, functional improvement measures are recommended. Restoration of function should be the primary measure of treatment success. Functional improvement measures should be used over the course of treatment to demonstrate progress in return to functionality, and to justify further use of ongoing treatment methods. They should include the following categories: Work Functions and/or Activities of Daily Living, Self Report of Disability (e.g., walking, driving, keyboard or lifting tolerance, Oswestry, pain scales, return-to-work, etc.), Physical Impairments (e.g., joint ROM, muscle flexibility, strength, or endurance deficits), Approach to Self-Care and Education (e.g., reduced reliance on other treatments, modalities, or medications, such as reduced use of painkillers). The MTUS states that to determine fitness for duty, it is often necessary to "medically" gauge the capacity of the individual compared with the objective physical requirements of the job based on the safety and performance needs of the employer and expressed as essential functions. Per the ODG, Guidelines for performing an FCE: Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if 1) Case management is hampered by complex issues such as: Prior unsuccessful RTW attempts. Conflicting medical reporting on precautions and/or fitness for modified job. Injuries that require detailed exploration of a worker's abilities. 2) Timing is appropriate: Close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. Do not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged. A review of the injured workers medical records that are available to me references functional improvement measures as the rationale for the request however the request is for a functional capacity evaluation (FCE), these are two separate entities and are utilized in different ways in the management of the injured worker and without being clear as to what the specific request is medical necessity cannot be established.

Ultram 50 mg #100 with two refills: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: Per the MTUS, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors.

Long term users of opioids should be regularly reassessed. In the injured workers medical records that are available to me, there was no documentation of improved functioning and pain per the MTUS criteria for on-going management, therefore the request for Ultram 50 mg #100 with two refills is not medically necessary.

Cream-lidocaine 6% Gabapentin 10% Ketoprofen 10% m 180 Gm with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed, also Ketoprofen is not currently FDA approved for a topical application, it has an extremely high incidence of photocontact dermatitis. Therefore based on the guidelines the request for lidocaine 6% Gabapentin 10% Ketoprofen 10% 180 gm cream with two refills is not medically necessary.

Cream-Flurbiprofen15%, Cyclobenzaprine 2% Baclofen 2%, 180 Gm with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed, also there is no evidence for use of baclofen or any other muscle relaxants as a topical product. Therefore based on the guidelines the request for Flurbiprofen15%, Cyclobenzaprine 2% Baclofen 2%, 180 gm cream with two refills not medically necessary.