

Case Number:	CM15-0105866		
Date Assigned:	07/17/2015	Date of Injury:	10/20/2000
Decision Date:	08/13/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/02/2015

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: Texas, New York, California
 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 applicant is a represented 45-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 20, 2000. In a Utilization Review report dated May 19, 2015, the claims administrator failed to approve requests for a five-view x-ray of the lumbar spine and Salonpas patches. The claims administrator referenced an RFA form received on May 4, 2015 and an associated progress note of April 4, 2015 in its determination. The claims administrator seemingly denied the request for Salonpas patches, despite the favorable MTUS position on topical salicylates. In a handwritten progress note dated January 6, 2015, the applicant was given prescriptions for lidocaine patches, Skelaxin, and Tolectin. Ongoing complaints of low back pain radiating to the legs were noted. Five-view x-rays of the lumbar spine and a one-view x-ray of the hip was performed, both of which demonstrated no new changes. MRI imaging of the thoracic spine, MRI imaging of the bilateral hips, and physical therapy were endorsed while the applicant was reportedly returned to regular duty work. A clear rationale for the five-view x-rays of the lumbar spine was not furnished. It was not clearly stated what was sought and/or what was suspected. In a handwritten note dated April 1, 2015, the applicant again reported ongoing complaints of low back pain with associated radicular complaints. Five-view x-rays of the lumbar were taken and apparently demonstrated unspecified arthritic changes. Tylenol, Voltaren, Salonpas patches, Lidoderm patches, Skelaxin, physical therapy, and MRI imaging of the bilateral hips were endorsed while the applicant was returned to regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays 5 view lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: No, the request for a five-view x-ray of the lumbar spine was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, the routine usage of radiographs for the lumbar spine, including the pursuit of routine oblique views, is deemed not recommended. Here, a clear rationale for five-view x-rays of the lumbar spine was not set forth on either handwritten progress note of January 6, 2015 or April 1, 2015. The x-rays were apparently performed and demonstrated unspecified arthritic changes. It was not stated how the x-rays influenced the treatment plan. It was not clearly stated what was sought and/or what was suspected. Therefore, the request was not medically necessary.

Unknown prescription of Salonpas patch: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), National Guidelines Clearinghouse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals; Nonprescription medications Page(s): 105; 67.

Decision rationale: Conversely, the request for Salonpas patches, an over-the-counter salicylate topical, was medically necessary, medically appropriate, and indicated here. As noted on page 105 of the MTUS Chronic Pain Medical Treatment Guidelines, topical salicylates such as the Salonpas patches at issue are deemed recommended in the chronic pain context present here. Page 66 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that non-prescription medications such as Salonpas are likewise recommended. Here, thus, usage of Salonpas patches was indicated, given the low cost and non-prescription nature of the same. Therefore, the request was medically necessary.