

Case Number:	CM15-0108077		
Date Assigned:	06/12/2015	Date of Injury:	10/27/2008
Decision Date:	09/23/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/04/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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:

This 49-year-old male sustained an industrial injury to the low back on 10/27/08. Previous treatment included lumbar fusion with revision, physical therapy, acupuncture, aqua therapy, epidural steroid injections and medications. In a PR-2 dated 5/13/15, the injured worker complained of constant low back pain rated 8-9/10 on the visual analog scale with radiation to bilateral lower extremity. The injured worker reported being exhausted with frequent right sided body stiffness, shortness of breath and constant stomach pain. Physical exam was remarkable for lumbar spine with spasms and decreased and painful range of motion. Current diagnoses included nerve compression, L4-5 disc compression status post lumbar fusion and status post pseudoarthrosis at L4-5. The treatment plan included continuing home exercise, following up with internal medicine for abdominal pain, requesting authorization for an interferential unit for home use, following up with spinal surgeon for bilateral saphenous nerve decompression and bilateral L3-4 laminar foraminotomy and microdiscectomy, requesting acupuncture and aqua therapy and medications (Flexeril, Prilosec and topical ointments).

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical cream for the Lumbar: 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 agents Page(s): 111.

Decision rationale: Guidelines state that topical agents are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and anti-epileptics have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. In this case, there was no evidence of failure of all other first line drugs and the exact content of the topical agent is not specified in the clinical documents. The request for topical lumbar cream is not medically necessary.

IF (interferential) Unit for the Lumbar Spine, unknown if rental or purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS) Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Stimulation.

Decision rationale: According to guidelines, interferential current stimulation is not recommended as an isolated intervention but may be considered if the pain is ineffectively controlled by medications and there is a history of substance abuse. In this case, there is no documented justification provided to supersede the guideline recommendations. The request for interferential unit rental and associated supplies is not medically necessary and appropriate.

Aqua therapy sessions for the Lumbar Spine, 2-3 times wkly for 6 wks, 12-18 sessions:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 22.

Decision rationale: Guidelines state that aquatic therapy is specifically recommended where reduced weight bearing is desirable. Guidelines state that during physical therapy, fading of treatment frequency plus active self directed home physical medicine should occur. In this case, the patient had completed many sessions and should have been transitioned to self-directed physical therapy. The request for aquatic therapy is not medically necessary and appropriate.

Flexeril 10 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63, 64.

Decision rationale: Guidelines recommend muscle relaxants as a second line option for short-term treatment of acute exacerbations of pain, but they do not show any benefit beyond NSAIDs. In this case, there is no evidence to suggest significant muscle spasm to warrant the use of this medication and the injury is over 7 years old. The request for Flexeril 10 mg #60 is not medically necessary.

Acupuncture for the Lumbar Spine, 2-3 times wkly for 6 wks, 12-18 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Guidelines note that acupuncture is used as an option when pain medication is reduced or not tolerated and it may be used as an adjunct to physical rehabilitation and/or surgical intervention. Guidelines recommend an initial trial of 3-4 sessions over 2 weeks and continued if there is functional improvement. In this case, there is no documentation of improvement functionally. The request for 12-18 sessions for acupuncture to the lumbar spine is not medically necessary.