

Case Number:	CM15-0133785		
Date Assigned:	07/22/2015	Date of Injury:	07/23/2011
Decision Date:	08/26/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/10/2015

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, Illinois

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 34 year old female, who sustained an industrial injury on 7/23/11. The injured worker was diagnosed as having; lumbar spinal stenosis. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 6/16/15 indicated the injured worker complains of constant and worsening left-sided PSIS and greater trochanter pain worse with prolonged sitting. She was last seen on 4/17/15 and reports she started working on 3/12/15 and must sit 80% of the time. She now complains of new numbness and tingling over the right foot after prolonged sitting from work and after 30 minutes she starts to have right-sided lumbosacral junction pain radiating into the right buttock and right groin pain. She also reports pain when sleeping. She reports Flector patches with moderate relief from pain compared to when she used the Voltaren gel. His treatment plan included new work restrictions documenting no repetitive stairs, no kneeling/squatting, lifting, and carrying and no prolonged sitting greater than 30 minutes for every one hour of work. She is required to take a 5 minute break every 30 minutes. She is to practice good body mechanics and change positions. A request for MRI of the lumbar spine to evaluate radiculitis was made; and the injured worker was ordered physical therapy for the left PSIS and left greater trochanteric bursitis/tendonitis. The provider is requesting authorization of physical therapy for the right hip 24 sessions; a MRI of the lumbar spine and Flector patch 1.3% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Right Hip, 24 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip & Pelvis (acute & chronic)-Physical Therapy.

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

Decision rationale: The injured worker sustained a work related injury on 7/23/11. The medical records provided indicate the diagnosis of lumbar spinal stenosis. Treatment to date has included physical therapy; medications. The medical records provided for review do not indicate a medical necessity for Physical Therapy, Right Hip, 24 sessions. The MTUS chronic pain guidelines recommends a fading of treatment frequency of 10 visits, except for Reflex sympathetic dystrophy (CRPS) where the guidelines recommends 24 visits (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine.

MRI (magnetic resonance imaging) Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, table 12-7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: The injured worker sustained a work related injury on 7/23/11. The medical records provided indicate the diagnosis of lumbar spinal stenosis. Treatment to date has included physical therapy; medications. The medical records provided for review do not indicate a medical necessity for MRI (magnetic resonance imaging) Lumbar spine. The MTUS does not recommend imaging except if there is unequivocal objective findings that identify specific nerve compromise on the neurologic examination in patients who do not respond to treatment and who would consider surgery an option. Furthermore, the MTUS states, "Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Because the overall false-positive rate is 30% for imaging studies in patients over age 30 who do not have symptoms, the risk of diagnostic confusion is great." The medical records do not indicate the injured worker is a surgical candidate, neither do they indicate she has unequivocal neurological compromise.

Flector patch 1.3% Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Flector patch (diclofenac epolamine).

Decision rationale: The injured worker sustained a work related injury on 7/23/11. The medical records provided indicate the diagnosis of lumbar spinal stenosis. Treatment to date has included physical therapy; medications. The medical records provided for review do not indicate a medical necessity for Flector patch 1.3% Qty 30. The MTUS is silent on Flector patch, but the Official Disability Guidelines recommends against. Flector patch is a topical analgesics. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The records do not indicate failed treatment with antidepressants and anticonvulsant; besides, flector patch not recommended as a first line agent.