

Case Number:	CM15-0139881		
Date Assigned:	07/29/2015	Date of Injury:	02/09/2001
Decision Date:	09/01/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/20/2015

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: Family Practice

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 73-year-old female, who sustained an industrial injury on February 9, 2001. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbosacral radiculopathy, lumbar spinal stenosis and lumbosacral pain. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated June 26, 2015, the injured worker complains of a flare of lumbar pain and pain in the left lumbar 5-sacral 1 distribution, rated 6-8 out of 10. Physical examination showed positive lumbar facet maneuvers at the lumbar 3-5 levels and positive straight leg raise with absent bilateral lower extremity deep tendon reflexes. The treating physician is requesting 8 sessions of lumbar acupuncture, 6 sessions of lumbar physical therapy and Voltaren gel 1%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture sessions 8 lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS acupuncture medical treatment guidelines state that acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Time to produce functional improvement is 3 to 6 treatments. In this case, the injured worker has presented for a flare-up and request is being made for both physical therapy and acupuncture treatments. The request for both treatments to be provided is not supported and the request for physical therapy is being authorized. It would be reasonable to await the result of the physical therapy treatments prior to considering acupuncture treatments. In addition, the request for 8 sessions exceeds the amount of acupuncture treatments recommended to produce functional improvement. The request for Acupuncture sessions 8 lumbar is not medically necessary and appropriate.

Physical therapy 6 sessions lumbar: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

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

Decision rationale: According to the MTUS guidelines, passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The MTUS guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS guidelines recommend up to 10 sessions of therapy for Myalgia, myositis, neuralgia, neuritis, and radiculitis. The injured worker has presented with a flare-up and the request for physical therapy treatments is supported. The request for Physical therapy 6 sessions lumbar is medically necessary and appropriate.

Voltaren gel 1%: 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): 110-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Voltaren Gel (diclofenac).

Decision rationale: According to the MTUS guidelines with regards to topical analgesics, Voltaren Gel 1% (diclofenac) is an FDA-approved agent indicated for relief of osteoarthritis pain

in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the injured worker is complaining of low back pain, and as noted, topical non-steroidal anti-inflammatory medications are not supported for the spine. In addition, ODG does not recommend diclofenac as first line due to increased risk profile. According to FDA Med Watch, post marketing surveillance of Voltaren Gel has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. Some of these reported cases resulted in fatalities or liver transplantation. (FDA, 2011) The request for Voltaren gel 1% is not medically necessary and appropriate.