

Case Number:	CM15-0162651		
Date Assigned:	08/28/2015	Date of Injury:	12/09/2013
Decision Date:	10/06/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	08/19/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old female sustained an industrial injury to the neck and back via cumulative trauma from 12-9-12 to 12-9-13. Electromyography and nerve conduction velocity test (2-17-15) showed left S1 radiculopathy. Previous treatment included physical therapy, acupuncture and medications. In a PR-2 dated 6-16-15, the injured worker complained of ongoing neck, low back pain, and hip and knee pain. The injured worker reported that acupuncture was helping. Physical exam was remarkable for neck with tenderness to palpation to the paraspinal musculature with spasms, decreased sensation in bilateral median nerve distribution, and tenderness to palpation to bilateral wrists with positive bilateral Tinel's, lumbar spine with decreased range of motion and positive bilateral straight leg raise, and bilateral knees with tenderness to palpation. Current diagnoses included cervical spine sprain and strain, carpal tunnel syndrome, lumbar spine radiculopathy and enesopathy of hip. The treatment plan included continuing medications (Voltaren Gel) and aqua therapy 3 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel Refills: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. Moreover MTUS recommends topical NSAIDs at most for short periods of time up to 2 weeks and not on a chronic basis and thus not for refills as in this case. For these multiple reasons, this request is not medically necessary.

Aqua therapy: Twelve sessions, Three (3) times a week for four (4) weeks for neck, back, Bilateral lower extremities (BLE), legs, knees, hands, wrists, hips: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: MTUS recommends aquatic therapy as an alternative treatment to land-based therapy. The records in this case do not provide a rationale for aquatic as opposed to land-based therapy. Guidelines anticipate that by this time the patient would have transitioned to an independent active exercise program. This request is not medically necessary.