

Case Number:	CM15-0162932		
Date Assigned:	08/31/2015	Date of Injury:	03/08/2015
Decision Date:	10/15/2015	UR Denial Date:	08/12/2015
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: Arizona, Michigan

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 53-year-old female, who sustained an industrial injury on March 8, 2015. She reported neck, tailbone, chest, left knee, stomach and bilateral hip pain after being hit in the driver's side by another vehicle than was noted to run a red light. The injured worker was diagnosed as having low back pain. Treatment to date has included chiropractic care, home exercises, over the counter NSAIDs and work restrictions. Currently, the injured worker continues to report low back pain. The injured worker reported an industrial injury in 2015, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on March 10, 2015, revealed low back pain, neck, tailbone, chest, left knee, stomach and bilateral hip pain. She rated her pain at 3 on a 1-10 scale with 10 being the worst. Pain medications and muscle relaxants were prescribed. She was placed on light duty and continued to work. Evaluation on March 26, 2015, revealed no pain. The injured worker reported being 100% improved. Evaluation on July 17, 2015, revealed continued pain as noted. She reported the neck, stomach, chest and knee pain had resolved. She also noted a 20% improvement in pain after 3 sessions of chiropractic care. She rated her pain at 2 on a 1-10 scale with 10 being the worst. It was noted she has had pain for 3-6 months. She was noted to be working regular duties. MRI Lumbar spine Qty: 1, Physical therapy, lumbar spine (visits) Qty: 8 and CM4-caps 0.05% + Cyclo 4% Qty: 1 were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar spine Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The California (CA) MTUS ACOEM Guidelines note that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in individuals who do not respond to treatment and who would consider surgical intervention. Physiologic evidence of nerve dysfunction should be documented before ordering the study. In this case, the documentation did not support or indicate nerve root compromise in the lumbar spine. In addition, there was no indication of surgical intervention of the lumbar spine. For these reasons, MRI Lumbar spine Qty: 1 is not medically necessary.

Physical therapy, lumbar spine (visits) Qty: 8: Overturned

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): Physical Medicine.

Decision rationale: Per the MTUS, physical therapy is recommended following specific guidelines, allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. For myalgia and myositis unspecified, the guidelines recommend 9-10 visits over 8 weeks. Neuralgia, neuritis and radiculitis unspecified 8-10 visits over 4 weeks there was no indication of previous or recent physical therapy. In this case, the pain was noted to be 3-6 months old and chronic. It appears the injured worker would benefit from physical therapy, therefore the request for Physical therapy, lumbar spine (visits) Qty: 8 is medically necessary.

CM4-caps 0.05% + Cyclo 4% Qty: 1: 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: Per the California (CA) MTUS Guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The CA MTUS notes topical analgesics are largely experimental in use with few

randomized controlled trials to determine efficacy. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. Topical Gabapentin and Cyclobenaprine are recommended against by the CA MTUS Guidelines. In addition, Ketprofen is not FDA approved for topical use. Furthermore, there were no indications of significant failed trials of first line oral therapies. For these reasons, the request for CM4-caps 0.05% + Cyclo 4% Qty: 1 is not medically necessary.