

Case Number:	CM15-0188424		
Date Assigned:	09/30/2015	Date of Injury:	09/07/2011
Decision Date:	11/13/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/24/2015

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, Hawaii

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:

The injured worker is a 42-year-old male who sustained an industrial injury on 9-7-2011. Diagnoses have included Lumbar intervertebral disc disorder with myelopathy, supported by MRI 2-27-2013, and an undated EMG revealing L4-5 radiculopathy on the right. Documented treatment includes three "failed" lumbosacral epidural injections, and the injured worker has seen a surgeon 3-23-2015 and is considering surgery which has been approved. Medication is stated to be Naproxen and Omeprazole. Previous treatments are not provided in the recent medical records. The physician also stated that "acupuncture was helpful with activities of daily living," but there is no documentation stating the details of that treatment. On 8-19-2015 the injured worker presented with low back pain rated 6 out of 10 radiating to the right leg, stated as no change from previous visit; intermittent right leg radiculopathy symptoms; and, pain is worse when lying flat, sitting, and driving. Objective examination revealed palpable tenderness in bilateral lumbar, sacroiliac areas, right buttock, and leg. Muscles around the spine were noted to be tender with spasms. Lumbar range of motion was noted as 70 degrees with flexion, and 20 with all other activity. The treating physician's plan of care includes a request for authorization submitted 8-19-2015 for 6 sessions of acupuncture and physiotherapy, and compound medication: Flurbiprofen 20 percent, Baclofen 2 percent, Dexamethasone 2 percent, Menthol 2 percent, Camphor 2 percent, Capsaicin 0.0375 percent. His last day at work was 9-20-2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 3 weeks (6 sessions) for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient presents with flare up of lumbar spine pain that radiates into his right leg. The current request is for 6 sessions of acupuncture for the lumbar spine. The patient was previously approved for 4 sessions in the UR dated 4/30/15 (170C). The treating physician states on 9/30/15 (3B) Acupuncture helps with ADLs and requests acupuncture 2x3 for lumbar spine flare ups. Acupuncture Medical Treatment Guidelines (AMTG) does recommend acupuncture for the treatment of low back complaints. AMTG states, time to produce functional improvement: 3 to 6 treatments. In this case, the clinical records reviewed do not provide documentation of what functional improvement was made with previous sessions of acupuncture. The only comment is that the patient has improved ADLs with acupuncture. Additionally, the request is for 6 additional sessions exceed what the guidelines recommend. The current request is not medically necessary.

Physiotherapy 2 times a week for 3 weeks (6 sessions) for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Procedures Summary, Procedure/Topic: Physical Therapy.

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

Decision rationale: The patient presents with flare up of lumbar spine pain that radiates into his right leg. The current request is for 6 sessions of physiotherapy for the lumbar spine. The PR-2 dated 6/1/15 (109C) notes that 6 sessions of physiotherapy were authorized and that the patient was having some relief from PT. The treating physician states on 9/30/15 (3B) "additional physiotherapy session for flare ups in the future" should be available to this patient. MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state Allow 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 neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. The clinical records reviewed do not provide documentation of what functional improvement was made with previous sessions of PT or documentation as to why a full independent home exercise program has not been established. There is no information in the reports presented to indicate that the patient has suffered a new injury and no new diagnosis is given to substantiate a need for additional physical therapy beyond the MTUS guideline recommendation. The current request is not medically necessary.

Compound medication: Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic acid 0.20%, 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

Decision rationale: The patient presents with flare up of lumbar spine pain that radiates into his right leg. The current request is for the compound medication: Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic Acid 0.20% 180gm. The treating physician states on 9/30/15 (3B) "The patient was prescribed FCL in 180 grams to be applied to the affected area to reduce pain, increase function and mobility and decrease the need for additional oral medications." MTUS guidelines are specific that topical NSAIDS are for, Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Additionally, MTUS guidelines on topical analgesics state the following: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS guidelines do not support the usage of Flurbiprofen cream (NSAID) for the treatment of spine, hip, shoulder or neuropathic pain. MTUS guidelines do not support the usage of Baclofen and specifically states not recommended. In this case, the topical analgesic that was prescribed is not supported by the MTUS guidelines. Therefore, the current request is not medically necessary.