

Case Number:	CM15-0196472		
Date Assigned:	10/12/2015	Date of Injury:	05/03/2007
Decision Date:	11/20/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/06/2015

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: Emergency 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 35 year old male injured worker suffered an industrial injury on 5-3-2007. The diagnoses included chronic lumbosacral ligamentous and muscular strain with discopathy, continued radiculopathy. On 9-16-2015, the treating provider reported the lumbar spine was "worse" with tenderness, deformity, spasms and positive straight leg raise with decreased strength and decreased range of motion. The medical record had a limited physical exam. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without medications, no evidence of functional assessment. Prior treatment included Norco. The Utilization Review on 9-30-2015 determined non-certification for Ultracin lotion 120gm and Interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin lotion 120gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested Ultracin lotion 120gm, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has reported the lumbar spine was "worse" with tenderness, deformity, spasms and positive straight leg raise with decreased strength and decreased range of motion. The medical record had a limited physical exam. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Ultracin lotion 120gm is not medically necessary.

Interferential unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: The requested Interferential unit, is not medically necessary. CA Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, Interferential current stimulation, Page 118-120, noted that this treatment is "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. There are no published randomized trials comparing TENS to Interferential current stimulation." The criteria for its use are: "Pain is ineffectively controlled due to diminished effectiveness of medications, or: Pain is ineffectively controlled with medications due to side effects, or: History of substance abuse, or: Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment, or: Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)." The injured worker has reported the lumbar spine was "worse" with tenderness, deformity, spasms and positive straight leg raise with decreased strength and decreased range of motion. The medical record had a limited physical exam. The treating physician has not documented any of the criteria noted above, nor a current functional rehabilitation treatment program, nor derived functional improvement from electrical stimulation including under the supervision of a licensed physical therapist. The criteria noted above not having been met, Interferential unit is not medically necessary.