MAXIMUS Federal Services

Case Number:	CM15-0020650		
Date Assigned:	02/10/2015	Date of Injury:	03/23/2014
Decision Date:	03/25/2015	UR Denial Date:	01/11/2015
Priority:	Standard	Application Received:	02/04/2015

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: New Jersey, New York
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:

This 53 year old male sustained an industrial injury on 3/23/14, with subsequent ongoing cervical spine and lumbar spine pain. Treatment included physical therapy, chiropractic therapy and medications. In a PR-2 dated 1/7/15, the injured worker complained of pain to the cervical and lumbar spine 4/10 on the visual analog scale. The injured worker reported significant improvement with chiropractic therapy. The injured worker noted that he no longer needed any medications. The pain was made better with rest and chiropractic therapy. Physical exam was remarkable for tenderness to palpation at the L4-5 and L5-S1 sections with loss of range of motion to the cervical spine and lumbar spine, negative straight leg raise bilaterally and positive Kemp's test on the right. Current diagnoses included chronic lumbar strain, chronic lumbar facet hypertrophy and lumbar spine disc bulge. The injured worker was working in the same occupation. The treatment plan included requesting authorization for orthotics, chiropractic therapy three times a week for four weeks for the lumbar spine and Flurbiprofen/lidocaine 20% / 5% cream 180gm. On 1/ 10/15, Utilization Review noncertified a request for Chiropractic therapy for the lumbar spine; 12 sessions and Flurbiprofen/lidocaine 20% / 5% cream 180gm noting that the injured worker had already exceeded the number of chiropractic therapy sessions recommended by guidelines and citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy for the lumbar spine; 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: The request is considered not medically necessary. According to the chart, the patient had chiropractic care. Improvement in pain and functional capacity was not objectively documented. MTUS guidelines state that elective/maintenance care is not medically necessary for the low back. If a reoccurence or flare-up occurs, there needs to be a re-evaluation of treatment success. Since the patient has returned to work, then 1-2 visits, every 4-6 months is permissible. Therefore, 12 sessions would exceed this recommendation. Given these reasons, the request is considered not medically necessary.

Flurbiprofen/lidocaine 20% / 5% cream 180gm: 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): 111-113.

Decision rationale: The request is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. The efficacy of topical NSAIDs is inconsistent in clinical trials. Effect seems to diminish after two weeks of treatment. It may be useful for chronic musculoskeletal pain but there are no long-term studies of its effectiveness or safety. Topical NSAIDs are not recommended for spinal conditions. Non-dermal patch formulations of lidocaine are indicated as local anesthetics and further research is needed to recommend it for treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia. Any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the request is considered not medically necessary.