

Case Number:	CM15-0220883		
Date Assigned:	11/16/2015	Date of Injury:	05/16/2012
Decision Date:	12/31/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/10/2015

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: Texas, New York, California

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 16, 2012. In a Utilization Review report dated November 2, 2015, the claims administrator failed to approve requests for 12 sessions of physical therapy and Kera-Tek analgesic gel. A September 14, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On an RFA form dated October 16, 2015, 12 sessions of physical therapy and the Kera-Tek analgesic gel in question were endorsed. On an associated October 15, 2015 office visit, the applicant was placed off work, on total temporary disability. Activities as basic as walking remained problematic, the treating provider reported. The applicant was on Norco, Soma, Ambien, and Prilosec, the treating provider reported. The applicant had developed derivative complaints of depression, the treating provider noted. The applicant had undergone an earlier failed lumbar spine surgery, the treating provider acknowledged, at an unspecified point in time. On September 3, 2015, the applicant was kept off work, on total temporary disability. Norco and Kera-Tek analgesic gel were seemingly endorsed. 12 sessions of physical therapy were ordered on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions Of Physical Therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, Introduction.

Decision rationale: No, the request for 12 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment at issue, in and of itself, represented treatment in excess of the 8- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, i.e., the diagnosis reportedly present here. This recommendation is further qualified by commentary made in the MTUS Chronic Pain Medical Treatment Guidelines to the fact that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 of the effect that the value of physical therapy increases with a prescription for the same which "clearly states treatment goals." Here, however, the applicant remained off work, on total temporary disability, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim through the date of the request. Receipt of physical therapy failed to curtail the applicant's dependence on opioid agents such as Norco, the treating provider acknowledged. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim through the date of request. It did not appear, thus, that the applicant could stand to gain from further treatment, going forward. Clear treatment goals for further therapy, going forward, were not seemingly outlined, particularly in the face of the applicant's seeming failure to profit from earlier treatment. Therefore, the request was not medically necessary.

Kera-Tek Gel (Methyl Salicylate/Menthol), 4 OZ.: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Salicylate topicals.

Decision rationale: Similarly, the request for a Kera-Tek analgesic gel, a salicylate topical, was not medically necessary, medically appropriate, or indicated here. While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend salicylate topicals in the chronic pain context present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant remained off work, on total temporary disability, as of office visits of September 3, 2015 and

October 15, 2015, referenced above. Activities as basic as walking remained problematic, the treating provider reported on October 15, 2015. Ongoing usage of Kera-Tek analgesic gel failed to curtail the applicant's dependence on opioid and non-opioid agents to include Norco and Soma, the treating provider acknowledged. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.