

Case Number:	CM15-0222064		
Date Assigned:	11/17/2015	Date of Injury:	06/25/2014
Decision Date:	12/29/2015	UR Denial Date:	10/29/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old male, who sustained an industrial injury on 6-25-2014. Medical records indicate the worker is undergoing treatment for lumbar sprain and lumbar disc disorder. A recent progress report dated 10-15-2015, reported the injured worker complained of low back pain rated 9 out of 10. Physical examination revealed lumbar tenderness and hypertonicity over the paraspinal musculature. Treatment to date has included approximately 6 sessions of right shoulder physical therapy with slight improvement in pain and medication management. On 10-22-2015, the Request for Authorization requested 12 sessions of Chiropractic treatment for the lumbar spine and noncertified the request for Bio-Therm (Menthyl Salicylate 20%- Menthol 10%-Capsaicin .002%) and Lumbar Support. On 10-29-2015, the Utilization Review modified the request for 12 sessions of Chiropractic treatment for the lumbar spine and noncertified the request for Bio-Therm (Menthyl Salicylate 20%- Menthol 10%- Capsaicin .002%) and Lumbar Support.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Chiropractic treatment for the lumber spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Chou R, Huffman LH; American Pain Society; American College of Physicians. Nonpharmacologic therapies for acute and chronic low back pain: a review of the evidence for an American Pain Society/American College of Physicians clinical practice guideline. Ann Intern Med. 2007 Oct 2;147(7):492-504.

Decision rationale: The claimant sustained a work injury in June 2014 when he had shoulder pain while placing a suspect in custody. In May 2015 he underwent an arthroscopic right rotator cuff repair. When seen, he was receiving post-operative physical therapy for his shoulder. He was having a flare-up of back pain since last week and was having sciatic symptoms. Physical examination findings included a body mass index over 36. There was slight decreased right shoulder range of motion with positive impingement testing. There was decreased lumbar range of motion with tenderness and muscle hypertonicity. There was a normal neurological examination. Authorization for a lumbar support, Bio-Therm, and 12 chiropractic treatments was requested. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over two weeks with further treatment considered if there is objective evidence of functional improvement and with a total of up to 18 visits over 6-8 weeks. In this case, the claimant's flare-up began just one week before. Guidelines suggest a delay for 2-4 weeks to allow for spontaneous recovery before considering a referral for therapy. The number of initial treatments being requested is also in excess of that recommended. For both reasons the request is not considered medically necessary.

1 prescription for Bio-Therm (Menthyl Slicylate 20%/ Menthol 10%/ Capsaicin .002%):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical, Salicylate topicals, Topical Analgesics.

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

Decision rationale: The claimant sustained a work injury in June 2014 when he had shoulder pain while placing a suspect in custody. In May 2015 he underwent an arthroscopic right rotator cuff repair. When seen, he was receiving post-operative physical therapy for his shoulder. He was having a flare-up of back pain since last week and was having sciatic symptoms. Physical examination findings included a body mass index over 36. There was slight decreased right shoulder range of motion with positive impingement testing. There was decreased lumbar range of motion with tenderness and muscle hypertonicity. There was a normal neurological examination. Authorization for a lumbar support, Bio-Therm, and 12 chiropractic treatments was requested. Bio-Therm is a combination of capsaicin, methyl salicylate, and menthol. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical

anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication is not medically necessary.

Lumbar Support: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Lumbar supports and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 12: Low Back Disorders, p138-139.

Decision rationale: The claimant sustained a work injury in June 2014 when he had shoulder pain while placing a suspect in custody. In May 2015 he underwent an arthroscopic right rotator cuff repair. When seen, he was receiving post-operative physical therapy for his shoulder. He was having a flare-up of back pain since last week and was having sciatic symptoms. Physical examination findings included a body mass index over 36. There was slight decreased right shoulder range of motion with positive impingement testing. There was decreased lumbar range of motion with tenderness and muscle hypertonicity. There was a normal neurological examination. Authorization for a lumbar support, Bio-Therm, and 12 chiropractic treatments was requested. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment after a lumbar fusion. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone a recent fusion. Lumbar supports have not been shown to have lasting benefit and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar support is not medically necessary.