

Case Number:	CM15-0051093		
Date Assigned:	03/24/2015	Date of Injury:	04/02/2013
Decision Date:	05/14/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/17/2015

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: 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 53-year-old female who reported an injury on 04/02/2013. The mechanism of injury was lifting. The injured worker's diagnoses included lumbago, lumbar spine musculoligamentous sprain/strain, and lumbar spine myospasm. The injured worker's past treatments included physical therapy, acupuncture, and medications. The injured worker's diagnostic testing included x-rays and an MRI study. The results revealed positive findings. There were no relevant surgeries clearly provided in the documentation. On 01/15/2015, the patient complained of constant burning pain in her low back that radiated to her right leg with a pulsating sensation. On physical examination of her lumbar spine, there was +2 tenderness to palpation about the bilateral lumbar paraspinals extending into the bilateral gluteal muscles. Sensation was intact to light touch in the bilateral lower extremities. Strength was 5/5 and equal bilaterally. Range of motion testing included forward flexion of 35 degrees, extension 10 degrees, and left and right lateral bending at 15 degrees. The injured worker's medications included Flexeril 7.5 mg, ibuprofen 600 mg, Prilosec 20 mg, and Methoderm cream. The request was for lumbar spine x-ray, 12 sessions of chiropractic therapy, 12 sessions of physical therapy, Methoderm 240 mg, and urine toxicology. The rationale for the request was not clearly provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine X-ray: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for lumbar spine x-ray is not medically necessary. According to the California MTUS/ACOEM Guidelines, lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if pain has persisted for at least 6 weeks. The patient complained of pain in her lower back that radiated to her right leg; however, the documentation did not provide sufficient evidence of significant objective neurological deficits. There were no red flags included in the documentation to warrant x-ray. Given the above, the request is not supported. As such, the request is not medically necessary.

Twelve sessions of chiropractic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58 - 59.

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

Decision rationale: The request for 12 sessions of chiropractic therapy is not medically necessary. According to the California MTUS Guidelines, manual therapy and manipulation may be recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. It may be recommended as an option for the low back area with a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. The documentation indicates the patient has completed physical therapy and acupuncture. The documentation did not provide sufficient evidence of significant objective functional improvement as a result of the completed therapy. The documentation did not provide a clear rationale for the medical necessity of chiropractic therapy at this time. Additionally, the request was written exceeds the recommended evidence based guidelines recommendations. As such, the request is not supported. Therefore, the request is not medically necessary.

Twelve sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 - 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The request for 12 sessions of physical therapy is not medically necessary. According to the California MTUS guidelines active therapy may be recommended based on the philosophy that therapeutic exercise and/or the activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines recommend up to 10 visits for low back conditions. The documentation indicated the patient has completed physical therapy. However, the documentation did not specify the number of completed physical therapy visits to date. The documentation did not provide sufficient evidence of significant objective functional improvement or a significant decrease in pain as a result of the completed physical therapy. Additionally, as the request is written, it exceeds the recommended evidence based guideline recommendations. Given the above, the request is not supported. As such, the request is not medically necessary.

One prescription of Mentherm 240 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The request for Mentherm 240 mg is not medically necessary. According to the California MTUS guidelines topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it would be useful for the specific therapeutic goal required. Mentherm contains methyl salicylate and aspirin. The efficacy and clinical trials for topical NSAIDs have been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or the diminishing effect over another 2 week period. The patient complained of pain in the lower back; however, the documentation did not provide a complete and thorough pain assessment (to include current quantified pain, the least reported pain over the period since last assessment, the intensity of pain after taking medications, and how long pain relief lasts). The documentation did not provide sufficient evidence of functional deficits. The documentation did not provide a clear rationale for the medical necessity of Mentherm in addition to the medication regimen. Given the above, the request is not supported. Additionally,

as the request was written, there was no frequency provided. Therefore, the request is not medically necessary.

Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The request for urine toxicology is not medically necessary. According to the California MTUS guidelines, drug testing may be recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The documentation did not provide sufficient evidence of a suspicion for noncompliance with medications. The documentation did not include a screening for risk of addiction. The documentation did not indicate the patient was currently on opioid therapy. The documentation did not give a clear rationale for the medical necessity of urine toxicology at this time. Given the above, the request is not supported. As such, the request is not medically necessary.