

Case Number:	CM15-0057950		
Date Assigned:	04/03/2015	Date of Injury:	07/12/2011
Decision Date:	05/15/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/26/2015

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 58-year-old female who reported an injury on 07/12/2010 due to an unspecified mechanism of injury. She is noted to be status post left knee arthroscopic surgery in 2012 and status post Synvisc injection to the bilateral knees with relief. She presented for a follow-up evaluation on 02/13/2015 with low back pain radiating into the left leg, as well as bilateral knee pain. She stated that her low back and the knee pain had been getting worse and complained of low back pain across the low back, left hip, left thigh, and left foot. She also complained of intermittent tingling in the left leg. On examination of the low back, she had mild spasm across the low back with a positive straight leg raise bilaterally at 70 degrees and left side pain worse than the right with positive Lasègue's. She was hyperreflexic and over hypersensitive in the lower extremities. She had a tingling sensation on top of the toes, left greater than the right, and decreased range of motion with flexion and extension and rotation. Unofficial x-rays reportedly taken of the low back showed grade I spondylolisthesis at the L4-5 level and degenerative disc disease at the L5-S1 level. Her diagnoses included status post left knee arthroscopy, right knee internal derangement, bilateral patellofemoral chondromalacia, lumbar spondylolisthesis, and left lower extremity radiculopathy. The treatment plan was for a postop TENS unit, physical therapy for the lumbar spine, tramadol, and Skelaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op TENS unit, lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116-117.

Decision rationale: According to the California MTUS Guidelines, TENS units are recommended as an adjunct to other appropriate pain modalities with a functional restoration approach and only after the failure of recommended conservative treatment. The documentation provided does not indicate that the patient has tried and failed all recommended conservative therapies for the low back to support the medical necessity of a TENS unit. Also, while it was noted that this request is postoperative, there is no indication that the injured worker had undergone surgery or that she was approved to undergo surgery to support this request. Without this information, the request would not be supported. As such, the request is not medically necessary.

Physical therapy two (2) times a week for six (6) weeks, lower back (12 sessions): Upheld

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

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

Decision rationale: The California MTUS Guidelines indicate that physical therapy is recommended for 9 to 10 visits over 8 weeks for myalgia and myositis unspecified. For neuralgia, neuritis, and radiculitis unspecified, 8 to 10 visits over 4 weeks are recommended. The documentation submitted does not show that the injured worker has any significant functional deficits of the lumbar spine that would support the medical necessity of physical therapy. No actual range of motion or strength scores were provided to show significant functional deficits and, therefore, the request would not be supported. Also, the number of sessions being requested exceeds guideline recommendations. No exceptional factors were noted to support exceeding the guidelines and, therefore, the request is not supported. As such, the request is not medically necessary.

Tramadol 50mg #90, no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects be performed during opioid therapy. The documentation provided failed to show that the injured worker was having a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, no official urine drug screens or CURES reports were provided to show that she has been compliant with her medication regimen. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Skelaxin 800mg #90, no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin) Page(s): 61.

Decision rationale: The California MTUS Guidelines recommend nonsedating muscle relaxants for the short term treatment of low back pain. There is no indication that the injured worker was having a quantitative decrease in pain or an objective improvement in function with this medication to support its continuation. Also, the frequency of the medication was not stated within the request, and it is unclear how long the injured worker has been using this medication. Therefore, the request is not supported. As such, the request is not medically necessary.

Voltaren Gel 1%, no refills: 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): 111-114.

Decision rationale: The California MTUS Guidelines recommend topical analgesics primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is recommended for the treatment of osteoarthritis and tendinitis. There is no indication that the injured worker had tried and failed recommended oral medications to support the request for Voltaren 1% gel. Also, the quantity and frequency of the medication were not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.