

Case Number:	CM15-0082720		
Date Assigned:	05/01/2015	Date of Injury:	03/28/2014
Decision Date:	09/23/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/27/2015

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, Arizona

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 46 year old male who sustained an industrial injury on 3/28/14. The injured worker reported symptoms in the back and right ankle. The injured worker was diagnosed as having cervical myospasms, cervical sprain/strain, lumbar myospasms, lumbar sprain/strain and right ankle tenosynovitis. Treatments to date have included activity modification, walking boot, injections, nerve conduction studies, physical therapy, oral pain medication, chiropractic treatments, and acupuncture treatment. Currently, the injured worker complains of lumbar and cervical spine pain as well as right ankle pain. The plan of care was for medication prescriptions, urine drug test, diagnostic testing and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Guidelines for performing a Functional Capacity Evaluation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional Capacity Evaluation.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available, including functional capacity evaluations (FCE) when re-assessing function and functional recovery. The ODG do not recommend proceeding with an FCE if the sole purpose is to determine a workers effort or compliance and/or if the worker has returned to work without having an ergonomic assessment arranged. There should be mention of a previous failure to return to work, or documentation of conflicting medical reporting on precautions and/or fitness for modified duty work. Within the submitted documentation there is failure to demonstrate failed return to work attempts. According to the ODG: Consider an FCE if: Case management is hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precaution and/or fitness for modified work, and injuries that require detailed exploration of the workers abilities. There is lack of support for an FCE within the submitted documentation and as such, this request is not medically necessary.

1 Range of motion and muscle testing analysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Range of motion, Flexibility; Official Disability Guidelines (ODG), Neck and Upper Back, Range of motion, Flexibility; American College of Occupational and Environmental Medicine, Low Back, Neurological Screening, page 293.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: ODG does not mention this type of test. ACOEM Chapter 2 is cited for the decision. Range of motion and muscle testing is not typically billed as a separate procedure and is instead part of a normal examination. There is no clear rationale for this request, and without clarification, the request for range of motion and muscle testing analysis is not medically necessary.

Flurbiprofen 20% Baclofen 5%, Camphor 2%, Menthol 2% Dexamethasone micro 0.2%, capsaicin 0.025% Hyaluronic acid 0.2% in cream base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, compounded.

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

Decision rationale: Per MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-

depressants have failed. The guidelines go on to state that when any compounded product contains 1 medication that is not recommended, the compounded product as a whole is not recommended. There is lack of documentation demonstrating failure to first line neuropathic pain agents. Medical necessity has not yet been substantiated.

Amitriptyline HCL 10% Gabapentin 10% Bupivacaine HCL 5% Hyaluronic acid 0.2% in cream base 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, compounded.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

Decision rationale: Per MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. The guidelines go on to state that when any compounded product contains 1 medication that is not recommended, the compounded product as a whole is not recommended. There is lack of documentation demonstrating failure to first line neuropathic pain agents. Medical necessity has not yet been substantiated.

Unknown sessions of extracorporeal shockwave therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar and Thoracic, Shock wave therapy; Official Disability Guidelines (ODG), Ankle and Foot, Shock wave therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ESWT section.

Decision rationale: The ODG note that extracorporeal shock wave therapy is recommended for patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment. The CA MTUS and ODG do not recommend ESWT for the lumbar spine or cervical spine. It is unknown how many sessions of ESWT are being requested, nor to what regions of the body ESWT are to be focusing on. Without clarification, this request is not medically necessary.

1 Trigger points impedance imaging: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar and Thoracic, Trigger point impedance imaging.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: The CA MTUS does not require trigger point impedance imaging to locate a trigger point. Requirements include palpation of a trigger point with lateral radiation of pain and noted twitch response. Requirements are for no more than three injections at one time. There is no adequate documentation of trigger points within the submitted documentation, and impedance imaging is not recommended. There is lack of information to support non-adherence to guideline criteria. As such, the request for impedance imaging trigger point injection is not medically necessary.

Unknown session of localized intense neurostimulation therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar and Thoracic, Hyperstimulation analgesia.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: CA MTUS guidelines do support the use of some types of electrical stimulation therapy for the treatment of certain medical disorders. However, regarding LINT specifically, a search of the CA MTUS, ACOEM, ODG, National Library of Medicine, and other online resources failed to reveal support for its use in the management of cited injuries. Additionally, no documentation was provided identifying that this treatment provides improved outcomes as compared to other treatment options that are evidence-based and supported. There is lack of information within the submitted documentation clarifying why LINT specifically is indicated, versus other forms of electrical therapy. Medical necessity has yet to be substantiated. Therefore, the request is not medically necessary.