

Case Number:	CM14-0117122		
Date Assigned:	10/01/2014	Date of Injury:	01/31/2013
Decision Date:	10/29/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in New York and North Carolina. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 employee is a 50-year old man injured 1/31/2013 and claims persistent back, neck and shoulder pain. He is diagnosed with lumbar discopathy, spinal sprain/strain, right groin pain, right shoulder impingement and cervical hyperextension/hyperflexion. He has a positive straight leg raise, decreased sensation in the anterior thigh and decreased knee jerk reflex. He is appealing the 6/20/14 denial or modification of requests for step up for van, lumbar spine brace, TGHOT topical treatment, physical therapy, acupuncture and gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Step up for Van: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 1-2.

Decision rationale: There is no information submitted about why this patient needs adaptive equipment. The ACOEM guidelines portion of the MTUS recommends altering the workplace to prevent recurrence or duration of the problem as tertiary prevention, however there is not information submitted explaining why this particular adaptation would be medically necessary. Therefore, Step up for Van is not medically necessary.

Lumbar Spine Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK, LUMBAR SUPPORTS

Decision rationale: Per ACOEM Guidelines in the MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. It is not indicated in chronic low back pain. Per ODG, a lumbar support is recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). For treatment of nonspecific LBP, compared with no lumbar support, an elastic lumbar belt may be more effective than no belt at improving pain (measured by visual analogue scale) and at improving functional capacity (measured by EIFEL score) at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months. However, evidence was weak (very low-quality evidence). This patient does not submit information supporting lumbar brace use, such as instability. Nonspecific back pain has lasted longer than 3 months. The support is not medically indicated, and hence the denial is upheld. Therefore, Lumbar Spine Brace is not medically necessary.

TgHot (Tramadol/gabapentin/menthol/camphor/capsaicin 8/10/2/2/0.5 % cream) 240 gm:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: Per the MTUS guidelines for chronic pain, any compounded product that contains at least one drug that is not recommended is not recommended. Topical gabapentin, camphor and tramadol are not approved. Therefore, TgHot (Tramadol/gabapentin/menthol/camphor/capsaicin 8/10/2/2/0.5 % cream) 240 gm is not medically necessary.

Physical Therapy; eight (8) sessions (2x4), cervical spine: Overturned

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

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

Decision rationale: The guidelines (in the chronic pain guidelines of the MTUS) allow for fading of treatment frequency from up to 3 visits per week down to 1 visit or less. The guideline for myalgias and myositis is 9-10 visits over 8 weeks. There is no information in the one clinical note (1/31/14) submitted for review that states whether this patient has had physical therapy already for his complaints. The request was modified to 6 visits, but the rationale for doing this is not clear. If there is no prior physical therapy, it would be appropriate to approve this request. And allow for another 1-2 visits once per week if successful. Therefore, Physical Therapy; eight (8) sessions (2x4), cervical spine is medically necessary.

Acupuncture; eight (8) visits (2x4), lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(f). It is appropriate to authorize 6 visits, per the acupuncture guidelines of the MTUS, if this patient has not had acupuncture before (records do not comment on prior treatment at all), but the guidelines do not allow for 8 initial visits, so the Acupuncture; eight (8) visits (2x4), lumbar spine is not medically necessary.

Gym membership; one (1) year: 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)

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, GYM MEMBERSHIP

Decision rationale: The MTUS guidelines do not discuss gym membership. Per the ODG, they are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary

transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore Gym membership; one (1) year is not medically necessary.